



YOUNG MOTHERS
•TOKOLOGY•

ANNA C. HOFFMAN

YALE



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A TWENTIETH CENTURY BOOK FOR
MOTHERS AND NURSES.

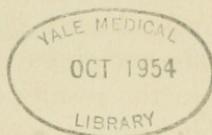
A YOUNG MOTHER'S
TOKOLOGY.

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AUTHOR'S PREFACE.

There is no subject around which is woven such a web of mystery as that of child-bearing. Until comparatively recent years the knowledge that "passed current" on the subject was derived, like the legends of yore, by word of mouth, from mother to daughter. It is not only proper but essential, in order to keep pace with the general intelligence of the age, that this meagre and often hazy source of information should give place to well defined rules based upon positive scientific principles, for it is only by this means that posterity can be assured its inalienable right, viz., that of "being born well."

If it were generally known how many physical defects and shortcomings in temperament and character were the results of the mistakes of "blissful ignorance," it would be a matter of surprise to a great many.

It is to give the inexperienced voyager on life's sea a chart, whereby she can make the

voyage with cheerful courage, and to give to those, whose profession is one of the noblest, timely suggestions whereby they can add to their efficiency, that this book has been written.

If this is instrumental in helping to produce a posterity that shall be an ornament, both physically and morally, to the Christian civilization of the future, the writer will feel amply repaid.

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A YOUNG MOTHER'S TOKOLOGY.

PART I.

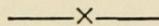
1. "*Every pregnant woman should be considered as a laboratory in which she prepares a new being, to which the slightest physical or moral emotion is injurious.*"

2. "Childbearing is ordinarily beneficial rather than deleterious. Many a pale, delicate young woman has developed thereby into a beautiful and healthful mother."

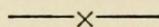
3. If every mother and child were cared for according to the principles taught in this book, the illness following childbirth and the enormous fatality among infants and young children would be averted.

4. The art of raising fine stock is almost perfect. Let us make it so with raising children.

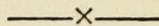
5. "Every child has the right to be born well." Conception, therefore, should not take place when either parent is suffering from disease, extreme fatigue, great mental excitement or depression. "*Curse not thy child with tainted blood, loathesome disease, jealousy, or madness.*" In every instance intelligent men and women should reverse the law, "The sins of the parents shall be visited upon the children, even unto the fourth generation."



6. Extremely early or late marriages are injurious to the offspring.

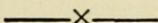


7. There is no general or reliable rule as to the time when conception is most liable to occur. It is possible at any time during the entire intermenstrual period.



8. Women frequently wonder why they cannot prevent or control conception. This "monstrous shadow" which interferes with a wife's right to decide when she will become a mother rests upon the statute books of our country. When women are able to cause the erasement of such laws, knowledge upon this subject can be disseminated.

9. Much to be preferred, and far less to be feared from every standpoint, are instructions for the prevention of conception than is impracticable chastity, or the criminal and dangerous methods of abortion which our present social state offers.



10. As to the government of sex, there have been many theories, but so far none has borne the tests of time and experience.

"If you can look into the seeds of time,
And say which will grow and which will not,
Speak" * * * *



11. After conception takes place it is largely in a woman's power to overcome certain forces, hereditary and otherwise, which determine the formation and character of her child.

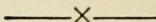


12. Mental impressions may affect either the form, development or character of the child. As food, drugs, poisons and disease are carried to the child, so emotions of all kinds, such as violent indulgences of temper, painful and pleasurable experiences, stamp with impressions ineffaceable, the form and mentality of the unborn child.

13. Every woman, when pregnant, should be surrounded with every possible comfort, and be given pleasure instead of pain (both mental and physical) by her husband and friends. Kindness, consideration, politeness and love are everything to a pregnant woman.

"Thousands of children are, by unpleasant impressions upon the mother's mind, rendered the victims of untruthfulness, disobedience, together with malicious, thieving, and even murderous natures."

If men and women desire a high class of progeny, they must look into this matter thoroughly.

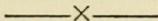


14. The lower animals, as well as man, are subject to pre-natal influences. This was exemplified as far back in history as the time when Jacob laid before his cattle, when they came to drink, rods of green, hazel and white, with the result that calves ring-streaked, spotted and speckled were brought forth.

Spartan fathers surrounded their wives during pregnancy with the most beautiful pictures and statues, with the result that a finer race physically the world has never seen.

There is not an educated stock-grower in the country who does not recognize the importance

of pre-natal influences. Let us then ask our husbands, brothers and sons to help us in the physical and moral upbuilding of children yet unborn, thereby regenerating not only the individual and family, but the race.



15. Just how these pre-natal impressions are caused is at present unsolved, and, like the subject of electrical energy and its possibilities, only in its infancy.

As electricity will at some future time revolutionize our industries and comforts, so this subtle force, conveyed from mother to child, will, when universally recognized, revolutionize the races of mankind.

16. The following facts have been observed in regard to maternal impressions:

(a) A child is more liable to be affected physically during the earlier months of pregnancy.

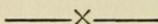
(b) A child is more liable to be affected mentally during the later months of pregnancy.

(c) At any stage of pregnancy unpleasant mental impressions may produce "marks."

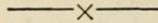
(d) The child can be affected without such consciousness on the part of the mother.

(e) Prolonged annoyances undoubtedly produce the most serious impressions.

All shocks due to accidents must be immediately forgotten and never spoken of afterward, and everything else of an emotional and avoidable nature must not be indulged in.

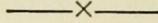


17. Discontent and unhappiness over the pregnant condition, with unsuccessful attempts to produce abortion, are other factors in producing mentally the most unfortunate of children. Such incidents are personally known to almost every physician. In Guiteau, the assassin of President Garfield, we have, from such attempts, one of the most unfortunate cases on record.

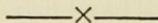


18. At the end of nine calendar months the embryo is fully developed, and its expulsion is termed parturition, labor, or "confinement."

19. The full duration of pregnancy is 280 days. It may be extended to 300 days, and there are a few instances where it has extended from 300 to 316.

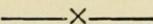


20. The movements of the child, spoken of as "life," are felt ordinarily at $4\frac{1}{2}$ months. It may be noticed earlier or later than this.



21. The symptoms of pregnancy are sup-

pression of the menses, darkening of the brown areola surrounding the nipples, with an enlargement of the follicles upon the areola, "morning sickness," and in some instances nausea and vomiting at any time during the twenty-four hours. There is generally also irritability of the bladder, and, later, enlargement of the abdomen, with a secretion of a milk-like fluid in the breasts.

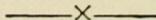


22. Various "theories" are advanced regarding the foods a pregnant woman should eat. The diet composed of rice, sago, wheat cereals and fruits recommended on the ground that it produces "boneless babies," and consequently painless labors, is not to be depended upon to insure such results.

I have personally attended many women who had thus dieted and my experience confirms that of thousands of physicians who have failed to see the results predicted. In fact, among these patients we see our most difficult and complicated cases.

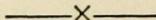
Questioning women throughout the country, there will be but few instances where the "wonderful phenomenon" of a painless or even a moderately easy labor has resulted from this unscientific theory. Favorably reported cases de-

serve but little credit, as other conditions may really have been the cause.



23. It is a universally observable fact among physicians that from time to time there are extreme variations in types of labor in the same as well as in different individuals.

The closest approach to a painless labor may be occasionally observed among women who have never heard of diet theories. Neither do these cases present the "soft boned babies" of the books. Such unfortunate specimens are oftener the result after protracted and severe labors.



24. Were it possible to force a condition of artificial rickets—for such only it is—the influence upon nutritional centers affecting other tissues of the body would be most pernicious. Such children would be peevish, imbecile and weaklings compared to others.

Our good mother Nature, however, will not allow such perversion to militate against her laws of evolution and preservation. The unborn child is a typical parasite, and it will absorb the nutrition it requires from the mother's own tissues if by any process of starvation it is denied its rightful nourishment.

Weak mothers, unfit to bear the strain of labor and the enervation of subsequent nursing, but not "boneless babies," would be the result of such a dietary.

—X—

25. What expectant mothers should concern themselves with is a knowledge of the correct chemistry of foods; the kinds of food most easily digested and most readily transformed into good wholesome blood, capable of sustaining their own bodily strength and to properly maintain the natural growth of unborn children. In these days of skilled medical training, aided by obstetric anesthesia with chloroform, there need be very little discomfort during childbirth. Far better, however, one or even several hours of "suffering so soon forgotten" than for mothers to curse their children with defective nutrition, or to undermine their own precious health with nine months of enforced starvation.

—X—

26. The following two lists of what to eat and what to avoid give the correct diet during pregnancy.

May take:

Soups: Clear soups of all kinds, animal broths, chicken broth, pea puree, oyster broth, clam broth.

Fish: Fresh fish of all kinds; of salt fish, codfish only is permissible; oysters, clams.

Meats: Mutton, lamb, beef, tender pig pork, bacon, chicken, game, tongue, sweetbreads, turkey, goose (both preferably eaten cold).

Eggs in every form; cream, butter.

Farinaceous: Cereal breakfast foods (except oatmeal), corn, Graham and wheat muffins, Graham, whole-wheat and white bread, soda or baking-powder biscuits, pancakes (except buckwheat), rice, macaroni, mush.

Vegetables: Green uncooked cabbage, cauliflower, lettuce, spinach, dandelion, spring onions, corn, squash, cucumbers, radishes, horse-radish, peas, celery, tomatoes, plain vegetable salads, melons, potatoes sparingly.

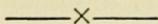
Fruit: Fresh and cooked fruit of all kinds, except bananas; home canned and dried fruits; nuts, except chestnuts and peanuts.

Puddings, etc.: Fruit pies of all kinds, pumpkin, squash and custard pies, custard and gelatine puddings, corn meal pudding, blanc mange, whipped cream, ice cream, honey, maple syrup, plain cake.

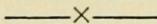
Beverages: Water (half a glass one-half hour before each meal and upon retiring), coffee for breakfast only, Phillips' digestible

cocoa, Horlick's malted milk, grain coffee, cold tea, lemonade, ginger ale, mineral water. Stimulants only when ordered by medical adviser.

27. Must avoid: Soups made from vegetables growing under the ground, salt pork with or without beans, baked or cooked beans, "boiled dinners," ham, veal, duck, liver, kidneys, hash, meat-mixed salads, corned beef, canned meats or fish, canned soups, mackerel, dried salt meats or fish, except codfish. Tapioca, oatmeal, sugar on breakfast cereals, bananas, skins of fruit, mince pies, suet puddings, layer cakes, fruit cake. Tea or coffee, boiled longer than eight minutes.

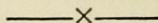


28. A good breakfast, a moderate dinner and a light supper, partaking only of foods allowed, is in strict accord with scientific dietetics. Such a diet will not only make good and pure blood, but will keep a pregnant woman free from indigestion.



29. If you have been advised, by any other authority than that of your family physician—who may have reasons therefor—to abstain from eating animal food during pregnancy, "because it will make your child gross or brutal in its

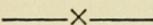
nature," look back into your own and your good neighbor's ancestry, look around among your friends and acquaintances, and observe the splendid physical, mental and spiritual types of manhood and womanhood, who were born of and nursed by mothers who partook freely of animal food. One might as well say, if you want to see grossness, sensuality, savagery or degeneracy, go among the races who eat fruits and cereals only. It is parental excesses of all kinds, environment, lack of mental discipline on the part of the mother, together with innate coarseness of family intellect, which pre-natally inoculates a child with grossness, not the little animal food which a woman eats during her pregnancy.



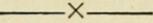
30. The dress of the pregnant woman is of great importance. The great principle to be observed is that there is not to be the slightest compression of the chest or abdomen. Corsets and tight bands are harmful, and every skirt must be suspended from the shoulders. Union suits in underwear, together with feather-boned princess or maternity gowns, are the only suitable or genteel gowns to be worn during pregnancy. The "eternal fitness of things" is too

little observed by women who are in this condition.

Woolen or cashmere underwear and hose should be worn next the skin during the winter, late spring and cool autumn months, and in the summer either lisle, silk, linen mesh or cotton. Rubber elastic garters are never to be worn. A spiral spring garter or the hose-supporters suspended from the shoulder are best. It becomes necessary at times to wear an abdominal bandage. These are especially advised for women who have borne children, where the abdominal walls are much stretched, and there is considerable weight upon the bladder.



31. Every pregnant woman needs a daily bath. A tepid bath taken upon retiring is preferable to a morning bath. Follow no "fads" of cold plunging, cold sponging, or cold sitz bathing. Turkish and surf baths are always to be avoided.



32. A tepid sitz bath of just four minutes duration is very beneficial. They should be taken before midday, followed by an hour's rest in bed, or upon retiring.



33. Vaginal douches must not be taken du-

ring pregnancy, except upon the advice of a physician.

—X—

34. Rectal enemata, of slightly salted tepid water, are occasionally used with great benefit, especially during the later months of pregnancy.

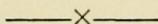
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35. The proper method of taking a vaginal douche is as follows: Sit either in a bathtub, over a slopjor or over a bedpan in a semi-recumbent position. A fountain syringe is preferable. The water must be at a temperature of 112° to 118° Fahr., and previously boiled. The syringe must not hang over four feet above the level of the body. From one to four quarts may be used.

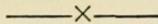
—X—

36. Rectal enemata are correctly given as follows: Lie upon the left side, with the knees slightly drawn up, and the head lowered. A fountain syringe is preferable, and, for those who can afford it, a soft rubber rectal tube attached to the hard rubber tip. The temperature of the water must never be over 98° Fahr. nor under 88° Fahr., unless ordered by the physician. From one to two quarts may be used. If, while taking an enema, there is a desire to evacuate the water before the required amount

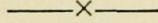
is introduced, slight compression on the tube for a few moments will generally overcome it, when the whole amount may be introduced. The water should be retained as long as possible.



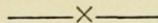
37. Every pregnant woman will be benefited by sleeping alone. Then, if ever, she needs sound and refreshing sleep, in cool, well ventilated apartments. This, with a short nap before the midday meal, is a perfect resting régime.



38. Walking in the open air is the ideal form of exercise for a pregnant woman. During the walk take several deep inspirations. Walk regularly and slowly, but never to the point of exhaustion or even fatigue. Light housework is always beneficial, but in every instance reaching, lifting, or straining the abdominal muscles, must be avoided.



39. Riding on horseback, riding a bicycle, or running a sewing machine are not to be thought of during pregnancy. Long railway or steamship journeys should not be taken.



40. Driving in an easy carriage is enjoyable

and beneficial, but great care should be taken in descending from vehicles.

—X—

41. For the best interests of both mother and offspring, sexual intercourse should not be indulged in by either parent. It is generally painful and obnoxious to the wife and is moreover a frequent cause of abortion.

—X—

42. To ascertain the date upon which labor or the confinement will take place, take the period of the last menstruation, count back three months and add seven days. For instance, menstruation ceased Dec. 1st, count back three months, add seven days, which will give Sept. 8th as the probable date of delivery.

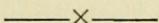
—X—

43. It frequently happens after conception takes place that the embryo is expelled from the uterus before the full term of gestation is completed. If this occurs before it is capable of maintaining an existence, it is called a miscarriage. If later than this, a premature birth.

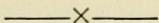
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44. Miscarriages are more apt to occur in women who have borne children. They generally occur at the third and seventh month.

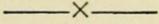
45. Miscarriages are caused by excesses in the newly married, violent exercise, running sewing machines, extreme fatigue, long railway and steamship journeys, severe illness, accidents, and that most dastardly of criminal procedures, artificial abortion.



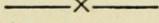
46. The indications of a miscarriage are weight about the hips and back, chilliness, nervousness, faintness, a sensation of being very tired, with pain in the pelvis, accompanied with a discharge tinged with blood.



47. Pregnant women experiencing such sensations should remain quietly in bed until the symptoms subside, and for several weeks thereafter should avoid walking, driving, or taking any exercise which causes strain or fatigue.



48. If the miscarriage progresses, the greatest of care must be taken that the placenta (afterbirth) and membranes are expelled, as well as the foetus. Their retention is frequently the cause of dangerous hemorrhage and blood poisoning.



49. The special care of a woman after a miscarriage consists of rest in bed for several days,

with an easily digestible diet, a laxative, and a daily hot antiseptic vaginal douche (89), for at least two weeks.

—X—

50. If after a miscarriage there is a persistent flow of blood, it is probable that the uterus is in a very relaxed condition, or that there are pieces of membrane unexpelled. Either condition requires treatment by the physician.

—X—

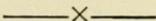
51. It occasionally becomes necessary for a physician to perform an abortion. With reputable physicians this is only done after consulting with at least one other physician, and then never except for the following conditions:

- (a) Uncontrollable vomiting.
- (b) Kidney disease.
- (c) Advanced lung diseases.
- (d) Certain forms of heart disease.
- (e) St. Vitus' dance.
- (f) Pelvic deformity.
- (g) Cancer of the womb.

—X—

52. Women reared among the refinements of civilization are apt to suffer with more or less discomfort during pregnancy. In almost every instance such conditions may be relieved by hygienic or very simple medicinal agents,

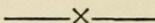
combined with as much forgetfulness of self as possible.



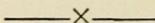
53. For the nausea, vomiting and "morning sickness," in addition to the diet suggested, it is well to take the breakfast in bed, lying still for some time thereafter. The following remedies are frequently beneficial in relieving the severity of the condition: Bismuth subnitrate, grains, 120; milk of magnesia, Phillips', ounces, 3. Of this mixture a teaspoonful may be taken three times a day. It may be given before or after meals, whichever time it is best retained by the stomach. It may be taken in water to which one or two drops of spirits of wintergreen or peppermint is added. Instead of the bismuth two drops of nux vomica may be added to each teaspoonful of milk of magnesia and taken in the same way. To further relieve this distressing condition it is necessary to have a daily movement of the bowels. In these cases a rectal enema of slightly salted water or a glycerine suppository is advisable.

If the vomiting is excessive, so that the system is weakened from insufficient food, absolute rest in bed is necessary, with hourly sips of milk and lime water (equal parts), or iced crust coffee. If cases are still rebellious after carrying

out the above suggestions, a physician must be summoned.



54. Heartburn is sometimes very distressing toward the end of pregnancy, and it is rarely entirely relieved before delivery. Probably there is nothing better than carbonate of magnesia in small doses, or the more agreeable milk of magnesia (Phillips').



55. An excessive flow of saliva is often of great annoyance, and such cases must be treated under the personal observation of a physician.



56. Pruritis, i. e., itching, is frequently very troublesome. It occurs without visible affection of the skin, either over the entire body or confined to local areas, such as the abdomen or vulva. Bran, soda or almond meal, added to the water for general or sitz bathing, is very soothing. For vulvar itching either the lotion or ointment, as follows, is to be used after the baths, if the case is severe:

(a) Lotion: One pint of thin cooked starch water, to which two teaspoonfuls of Goulard's extract is added. It may be applied freely.

(b) Ointment: Equal parts of Goulard's

cerate and lanolin. This may also be applied freely.

—X—

57. Constipation is another complication of pregnancy. In many instances it may be relieved by drinking regularly a glass of cold water four times daily,—upon rising, at 11 A. M., at 4 P. M. and upon retiring. Two oranges or two baked apples eaten after breakfast, or two figs after dinner, will also frequently overcome the tendency to constipation. One may safely use a daily enema, or an enema one day and a glycerine suppository upon alternate days. If one must resort to drugs, probably there is nothing safer or better than the old German licorice powder, procurable at any drug store, and taken in doses of from one-half to two level teaspoonfuls in a little water upon retiring.

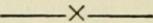
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58. Face-ache, or neuralgia of the fifth nerve, is another common affection in pregnant women. This generally can be relieved by external dry heat, such as a Japanese hand warmer, or small bags of salt, sand or bran, well heated. Applications of either chloroform liniment or camphor spirits are also beneficial. Drugs to be taken internally for this condition cannot be advised here.

59. "For every child a tooth," is an old saying. Pregnancy certainly causes not only great deterioration of the teeth, but in many instances absolute decay. It is due to two causes: extreme acidity of the secretions of the mouth and stomach, resulting from indigestion, and a mal-nutrition of the teeth, such constituents having been appropriated by the infant. The teeth demand in consequence thereof thorough cleaning before and after each meal and at bedtime. Any reliable tooth powder or wash may be used, and the mouth should be rinsed between the meals with Listerine and water.

If the gums become soft, ten drops of the tincture of myrrh may be added to a teaspoonful of water and applied to the gums with soft cotton.

If it becomes necessary to have a tooth extracted, there is less danger in extraction than in prolonged distress. Dentists are, however, generally able to insert a soft filling which will exclude the air and relieve the pain, and which can be removed for a permanent filling later.



60. Headache and sleeplessness, if not relieved by hygienic modes of living as above advised, must not be self-treated with "headache powders" and "sleeping potions." Such indis-

criminate dosing imperils the life and health of both mother and child.

—X—

61. Swelling of the feet and limbs is of frequent occurrence. This may or may not be significant of disease. If with this symptom there is frontal headache, ringing in the ears or flashes of light before the eyes, the medical attendant must be notified at once. Such symptoms indicate approaching convulsions.

—X—

62. Women who have borne children sometimes suffer severely from enlargement of the veins of the legs, a condition known as varicose veins. If they are not very large or very painful, much relief may be had by lying down frequently or by sitting with the feet and limbs extended. If they become very large and painful, an elastic bandage or stocking must also be worn. If such a serious accident should occur as sudden rupture of one of these veins, a large compress of folded cloth, with a firm bandage to hold it in place, must be immediately applied, as fatal hemorrhage might ensue before professional aid could be obtained.

—X—

63. Irritability of the bladder, with incontinence of urine, is frequently very annoying.

During the early months the irritability is greatly relieved by warm applications to the mouth of the bladder, such as starch or almond water compresses, followed by an application of benzoated cold cream or Goulard's cerate. Flaxseed tea is an old remedy and may be drank freely during the day.

Incontinence of urine—i. e., inability to hold the urine—is more liable to occur in women who have borne children, and is very distressing both in the very early and late months. An abdominal bandage, relieving uterine pressure from the bladder, is very necessary, together with external applications as advised for irritability (63). There is internal medical treatment for severe cases, but the remedies are not to be used without special prescription.

—X—

64. Women occasionally have a few menstrual periods, either in usual or less amount, after pregnancy has taken place. The cause of this is the incomplete obliteration of the uterine mucous membrane by the foetal sac, the free surfaces allowing the usual exudation of blood. This is not generally observed after the second or third month. Cases which persist into the later months of pregnancy require medical investigation.

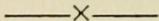
65. Leucorrhœa, or "whites," is occasionally quite annoying, and if, after taking the sitz baths and overcoming the constipation, it still persists, a small piece of absorbent cotton, with string attached for removal, saturated with a little glycerine of borax, or an ointment of some astringency, such as the following: Powdered alum, 1 level teaspoonful; vaseline (melted), 8 teaspoonfuls. These may be introduced into the vagina two or three times a week, preferably at night, and removed in the morning. Avoid all tablet or pastille patent applications, as these are generally composed of remedies which will cause an exfoliation of the vaginal mucous membrane, as can be observed by the shreds and even large pieces of tissue which come away after their use.

—X—

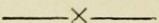
66. Women, while in the state of pregnancy, are very liable to all kinds of incidental and epidemic diseases. It is therefore very necessary for them to avoid taking cold, and to refrain from visiting or receiving visits from individuals suffering from coughs and colds.

Especially avoid visiting in homes where there is la grippe or pneumonia, or attending crowded places of amusement during seasons when these diseases are prevalent. All impend-

ing illness should receive prompt attention, for when a women is pregnant, if at no other time, "an ounce of prevention is worth a pound of cure."

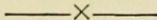


67. During the latter half of pregnancy a daily application of cocoanut oil over the abdomen will greatly relieve the irritation and cracking of the skin. After taking the sitz baths an application of equal parts of lanolin and benzoated cold cream to the lower vaginal soft parts will greatly aid in softening these tissues, thereby insuring a better relaxation at the time of confinement. A daily application of benzoated cold cream to the nipples will also soften these tissues so that there will not be so much liability of cracks and fissures. Pulling out the nipples at the same time aids in its preparation for the infant's grasp.



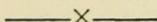
68. About two weeks before labor takes place there will be a settling of the uterus, after which the patient experiences a sensation of relief from the extreme upward pressure and difficult breathing. At this time other symptoms of the approaching labor manifest themselves, such as a diarrhoea, a frequent desire to urinate, and in the last week a discharge of mucus, sometimes

tinged with blood. Fliglty pains may also be experienced several days before actual labor sets in.



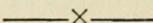
69. Two or three weeks before the expected confinement everything must be in readiness, the physician and nurse engaged, and the nurse at this time to know where everything is, so that no confusion arises at the time of labor.

A large, well ventilated apartment is preferable, and it must be made scrupulously clean, even in the most humble home; and it should furthermore be freed from carpets and cloth hangings. Defective plumbing must be repaired, and in case any infectious disease has previously occurred in the house there must be thorough disinfection.



70. A single bed is preferable, but, whatever is used, the following is the order of preparation: First the mattress is covered with a rubber sheet, or a piece of table oil-cloth $1\frac{1}{2}$ yards square. Upon this, and covering the entire bed, the under sheet. Over this a draw sheet is placed, and pinned at the four corners. (A draw sheet is a sheet folded once across or square.) This we term the permanent bed, as it is the one upon which the patient lies after the

labor is over. Upon this is made a "temporary" or removable bed. It consists of two yards of rubber cloth, or oil-cloth, covered by two or three draw sheets securely pinned.



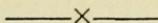
71. In families where an abundance of sheets and rubber or oil-cloth are not to be had, large pads of newspapers, or very heavy paper, may be used in place of them. Such pads may be covered with clean pieces of old cloth, and are infinitely better than the soiled quilts or "anything's" which are sometimes brought forth to be used on such occasions. No woman is so poor that she cannot have these clean paper dressings, and other clean articles, let them be ever so cheap and worn.



72. The proper attire for confinement is as follows: An undervest, a long nightdress, a pair of large, roomy, open drawers, a skirt made extra large, a pair of stockings, a pair of bedroom slippers and a bedroom wrapper. A large monthly napkin is also worn for protecting the underwear.

When the patient finally goes to bed the nightdress and vest are folded upward beneath the arms and securely pinned, leaving the skirt and drawers as a protection to the limbs, back

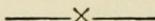
and abdomen. By this arrangement the protected garments will not require changing after delivery. It is always advisable, however, to have a complete change of underwear, and a few extra sheets, well aired and warm, in case of accidents.



73. The mother should also have, in addition to the regular confinement attire, six plain nightgowns, several undervests, with openings over the breasts, two washable wrappers, two loose sacks, and several yards of firm muslin for bandages. *Bandages should always be worn after delivery, and they should extend from below the hips to a point just beneath the breasts.* The relaxed and overstretched tissues require this support, and if properly adjusted they are of great comfort to the patient. From sixty to one hundred pads are to be made, each ten inches long, four inches wide and two inches thick. These are for excluding air from the vagina and also for absorbing the vaginal discharges and are to be burned after using.

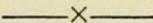
These pads can be made from absorbent cotton and covered with sterilized gauze, if the patient can afford it, or from common cotton batting covered with pieces of old muslin, previously wash and boiled. Whichever is used,

they must not come in contact with the floor. They must be made on a table covered with a clean sheet, and when made must be immediately put into a clean bag or pillow-case, and hung away from dust. There must also be in readiness a bedpan, a fountain syringe, two dozen large nickel safety pins. The bedpan and syringe tips must be boiled before using the first time. The above are necessities, and luxuries such as Cologne water, alcohol, lavender salts and other toilet articles may be added if desired.

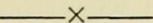


74. For the medical attendant and nurse, have in readiness a plentiful supply of hot water, and also clean, cold water, which has previously been boiled and kept in covered vessels. There should also be one dozen clean towels, two dozen muslin cloths, two porcelain or agate wash basins, a large slopjar, a receptacle for soiled cloths, a clean sheet or apron to protect the clothing, a cake of antiseptic soap (boracic or hydro-naphthol), a jar of carbolized vaseline, two ligatures for cord (either narrow tape or twisted knitting cotton), a pair of clean scissors, two ounces of carbolic acid and three ounces of powdered boracic acid

75. For the infant's first toilet there should be a thick woolen blanket for its reception, a cake of pure Castile soap, one ounce of salicylated absorbent cotton, one-fourth pound of cocoanut oil, or the same amount of clean leaf lard, a jar of benzoated cold cream, a box of talcum powder, a card each of large and small nickel safety pins, a few soft linen cloths, a soft towel, two cotton diapers, a wool shirt, a bandage, a wool petticoat, a wool slip, a muslin slip and one extra blanket or tufted puff.

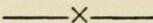


76. Other articles of attire for the infant's future requirements are six nightgowns, six woolen petticoats, six woolen slips (cut in princess style and open in front), one-half dozen woolen socks, reaching to the knees, one-half dozen soft woolen bands, preferably the Haight elastic stitch bands, or the well known Jaeger bands, one-half dozen long-sleeved wool shirts, fifty cotton diapers, a hair brush, and one dozen muslin slips as elaborate and costly as desired.



77. A true labor pain is an involuntary contraction of the uterus, lasting for a little time, followed by a period of relaxation. At the beginning of labor they are short, lasting only a minute or two, while the periods of rest are

long, varying between twenty minutes and one-half hour. The early pains are described as "cutting pains." As labor progresses the pains become stronger and of longer duration, and the intervals of rest shorter. Later the character of the pains changes to the so-called "bearing down pains," in which there is a desire to strain.



78. Ordinarily it is during the straining pains that the "bag of waters" ruptures. This natural arrangement, which serves to keep both the uterine wall and the child from injury, also acts as a dilator of the uterine neck during the progress of labor, and every precaution against accidental premature rupture must be taken. There should be no lifting or reaching during the last month of pregnancy, and no straining during the early part of labor.

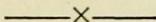
79. At the beginning of labor a rectal enema of one or two quarts of warm water (98° Fahr.) should be taken. The warm water, if retained in the bowels but a short time, is a source of comfort, and its return flow completely empties the lower bowel, thereby giving more room for the passage of the child, and more agreeable for the attendants.

80. There are three distinct stages of labor. The first is from the beginning of labor, terminating when the bag of waters is ruptured, and may be of many hours' duration.

The second stage is from the time the bag of waters ruptures until the delivery of the child, varying in time from fifteen minutes to three and four hours. The third stage is from the birth of the child until the expulsion of the placenta (afterbirth).

81. In perfectly natural labors the head is the first part to be delivered. There is a feeling among the laity that a breech presentation is a wrong presentation, and that it should be "turned" by the physician in attendance.

While it is true that a breech is not a natural presentation, it is not considered abnormal by physicians, and is rarely corrected.

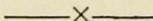


82. The best positions for a woman to assume in a normal labor are as follows: During the first stage walking or sitting, with an occasional rest in bed.

During the second stage, positions changing from the left side to the back, according to the comfort of the patient and the judgment of the medical attendant. During the final passage of

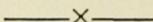
the child probably the best position is upon the left side, with the support of a pillow between the knees, and a box or firm hassock for the pressure of one foot.

The afterbirth is delivered with the patient on her back, from which position she must not change for at least ten hours. The afterbirth should be burned.



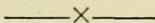
83. One of the modern blessings to women in labor is chloroform. It is administered only during the second stage of labor, *and is the only agent which can at all times be depended upon to relieve the suffering in childbirth.*

Women need have no fear of unfortunate results if it is administered by or under the supervision of a physician. It is not given to the point of complete anesthesia, as in surgical operations, and there has not been, to my knowledge, a death from its use in these cases.

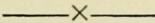


84. After-pains are not ordinarily experienced after the birth of the first child, but are more or less severe following subsequent deliveries. They are caused by contractions of the uterus (womb), due to the presence of blood clots, and, in some patients, to a reflex irrita-

tion whenever the child nurses. They generally do not last longer than two or three days, and all physicians have their own favorite remedies for their relief.

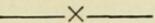


85. Visitors should not be allowed in a lying-in chamber for two or three weeks after a confinement.



86. The length of time necessary for a woman to keep her bed varies with circumstances attending the individual case.

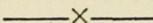
After a normal labor a woman should not leave her bed for ten or twelve days. She should not walk about the room for three or four days thereafter, and for three weeks from the day of confinement she should not lift her child or leave her apartments.



87. After the birth of the child there is a discharge, known as the lochia. It is quite profuse during the first week, but does not entirely diminish for from four to six weeks, and until it ceases, and the healing process is complete, it is best to remain quietly indoors.

A hot vaginal douche should be taken every second day after a woman leaves her bed until the discharge ceases, and at least once a week

for several months thereafter. It is best to avoid the use of strong antiseptics, such as carbolic acid, etc., for such long periods. Simple cleansing agent, such as tar soap water, or plain boiled water with the addition of either a teaspoonful of borax or common salt, are very agreeable and beneficial.



88. During the period of lying in bed, antiseptic, cleanly care, is of untold importance. Antisepsis signifies "against poisoning," and since physicians and nurses have adopted surgical cleanliness in their treatment and care of these cases, blood poisoning and childbed fever are almost unknown.



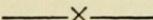
89. The special care of a woman after childbirth is complete rest in bed for ten or twelve days, not even assuming the erect posture in urinating or during a movement from the bowels. A daily sponge bath should be given, after which the back, hips and abdomen may be rubbed with hot alcohol. An antiseptic vaginal douche should be given daily, with thorough antiseptic washing of the outside parts. If a physician is in attendance (and every woman should have a medical attendant at this time), the preferred antiseptic will be prescribed,

otherwise such antiseptic solutions as one teaspoonful of carbolic acid, or one tablespoonful of boracic acid to one quart of boiled water, may be used. The temperature of the water must be 112 to 118 degrees Fahr.

A laxative must be given on the evening of the second day, and followed every other day thereafter with an enema or a glycerine suppository. In addition to this the hair should be brushed daily, the teeth cleansed before and after each meal, the finger nails cleaned and the clothing changed every twenty-four hours.



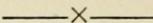
90. For one month after delivery a woman must not read or sew. Straining the eyes at this time is very pernicious.



91. The most painstaking attention must be given to the breasts and nipples. The nipples should be gently wiped off before and after nursing with a solution of boracic acid in water (ten grains to eight teaspoonsfuls).

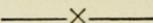
Frequently with the greatest care the nipples become cracked and painful. In such cases, after cleansing, an application of benzoated cold cream, with the use of a nipple shield, will generally heal them in a short time.

92. Excessively swollen and painful breasts require gentle massage—rubbing always toward the nipples. If the child is unable to take all of the milk, it must be pumped out with a breast pump. If a pump cannot be procured, take a bottle with a smooth edge, fill it with hot water for five minutes, pour out the water, oil the edge and apply the mouth tightly over the nipple for five minutes. As the hot air condenses, the milk will be drawn out. The practice of allowing other members of the family, or animals, to nurse the milk out, is not to be recommended. Supporting the breasts with a bandage suspended from the shoulders is very beneficial and comfortable.



93. The breasts are very sensitive at all times to cold and must be well covered.

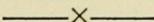
If such an unfortunate condition as abscess formation threatens or develops, as will be indicated by chilly sensations and fever, with throbbing and localized pain, followed by swelling, a surgeon must be called at once.



94. There are certain accidental conditions and ailments liable to come on following child-birth which are of serious import, and it is for this reason that efficient nurses are to be pre-

ferred. A well trained or a highly experienced nurse will, by early observation and immediate notification of the medical attendant, be of the greatest service in modifying serious conditions, and averting fatal consequences.

95. Hemorrhages after confinement are not of frequent occurrence. If the patient keeps quiet, with her head moderately low for two or three days, there is but little danger. In case of such an accident, and in the absence of the physician, the head must be still further lowered, and the patient given a hot water vaginal douche, 118° to 120° Fahr., repeating it every five minutes until the flow subsides. The physician must be resummoned at once.



96. The disease known as "milk leg" so much talked of, and by the laity so little understood, occasionally occurs after childbirth, as it does after typhoid fever and other diseases. It occurs between the tenth and twentieth day after confinement, and is generally caused by an obstructive blood clot in one of the veins of the leg. Exposure, over-exertion, or a septic infection may be the cause. The symptoms are chills, or chilliness, fever, with pain and swelling in the leg affected. It is always imperative

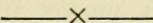
when such symptoms appear, for the patient to lie quietly in bed. The limb should be slightly elevated and supported, and kept uniformly warm by having the entire leg and foot covered with a stocking made of one or two layers of sheet wadding quilted between two layers of cheesecloth, shaker flannel, or thin wool cloth if it is cold weather. It should be cut sufficiently large, so as to allow of being cut open the entire length, the edges bound, and afterwards pinned tightly together. Such a covering allows the embrocation prescribed by the physician to be thoroughly applied without disturbing the patient or exposing the limb to draughts of air. After the pain disappears, and the limb pits on pressure, a bandage should be applied the entire length of foot and leg and worn for some time. For several months thereafter the patient must wear either a bandage or an elastic stocking.



97. Childbed fever, one of the most fatal of puerperal diseases, is caused by the entrance into the system of poisons produced by microbes which gain access to the genital tract.

In many cases these microbes may be carried to the patient by attendants who are not clean, or who come to the patient from other blood

poison or infectious cases without proper disinfection. These germs lurk in the dirt underneath the finger nails, upon dusty, soiled clothing and dirty instruments; also, in old ointments, sponges, old, unwashed rags and unboiled water. Slaughter-houses, privies, cess-pools and defective house drainage are also largely responsible for the dissemination of these germs through the air. Patients may also receive infection by the presence of old pus (matter), producing diseases of the uterus and Fallopian tubes.



98. It is for the prevention of childbed fever that the modern physician demands absolute cleanliness and antisepsis. Every case should be as cleanly and aseptically managed as is a surgical operation, and every lying-in chamber as clean as an operating room. The physician and nurse must go to these cases with clean bodies and clean attire, and the patient must thoroughly cleanse her entire body with a hot, soapy bath before she enters her lying-in bed. Hands, instruments, dressings, etc., should be clean or sterilized before coming in contact with the patient's body. It has been said by eminent authority that four things will avert childbed fever:

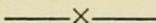
- (a) The hand scrubbing brush.
 - (b) An antiseptic solution for the hands and genitals.
 - (c) Sterilized pads.
 - (d) Clean clothing.
-

99. Should such an unfortunate condition as childbed fever occur, the physician must be at once notified. It usually comes on the first three or four days after delivery. Its early symptoms are chills and fever, followed by pain in the abdomen, rapid breathing and delirium. While all patients do not die with it, still the danger is great and the death rate very high.

100. If after a patient has left her bed she still has a discharge tinged with blood, accompanied with weight through the hips and pelvis, known as a "bearing down" sensation, and if later digestive and nervous derangements appear, it indicates that the uterus has not returned to its normal size. Such a condition requires immediate attention, and early treatment will be the means of averting one of the most common causes of pelvic disease.

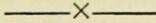
101. Every woman should, if possible, nurse her babe. It is not alone her duty to the child,

but highly beneficial to herself. Every nursing, for one or two months after confinement, aids uterine contraction, thereby insuring a better return to its normal size.



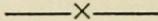
102. There are certain conditions which forbid nursing the infant, such as deformity of the nipples or breasts, persistent high fever, consumption, insanity, epilepsy, greatly impoverished blood and specific disease.

There are also certain changes in the mother's milk at times, which render it unfit for a child's digestion. Such changes are due to the continued presence of colostrum corpuscles, which can be detected only by the microscope. Physicians who for such reasons advise early weaning are apt to receive the condemnation of the uninformed laity, who generally "cannot understand why mother's milk is not healthful." One of the unfortunate drawbacks of modern medicine is the fact that the laity, in general, is one-half a century behind the modernly educated physician and nurse.

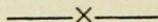


103. Other reasons for prematurely weaning infants are pregnancy, and a return of the menses, if they be profuse, or if the milk at that period disagrees with the child.

104. The time to permanently wean an infant should not be later than ten or twelve months after birth, unless this period terminates between the first of June and the last of September, or in case of severe illness of the child at this age. The quantity and quality of the milk, after ten or twelve months, undergo changes which render it unsuitable for the infant's nutrition, and the attempted maintenance of even so poor a quality is a severe strain upon the mother.



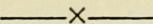
105. The excessively long periods of nursing, especially among the poorer classes, are very pernicious, and individuals who are in a position to do so should educate these women against a custom which not only interferes with the growth and development of the nursling in question, but which extends its influence to generations yet unborn. Like maternal impressions, it is a social study of great importance.



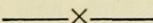
106. The management of the breasts, if the child is not to be nursed at all, is to never allow milk to come into the breasts. This is accomplished by compression bandages. Several soft pads, larger than the breasts, are made of sheet wadding covered with pieces of muslin, gauze,

or linen, and are bound with heavy bandages, firmly and evenly over the breasts for at least eight days.

During this period the physician will advise a suitable laxative, together with a diet as non-liquid as possible. In cases where the child has nursed for a little time, or at the regular weaning time, the breast pump will have to be used once or twice daily, in addition to the above treatment.

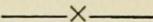


107. It occasionally happens that a pregnancy is multiple instead of single, and that two, three, four, and even five and six children are produced at one birth. Twins, however, are the common form, and they are generally born two weeks prematurely; triplets, quadruplets, etc., so prematurely that they are either still-born or do not survive long. Twin labors are, ordinarily, easy. The children, as a rule, are unequally developed, and one generally dies prematurely or is feeble in health.

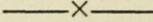


108. A most unfortunate condition may exist during pregnancy, in which the child develops within a Fallopian tube instead of the uterus. It is very necessary, if possible, to determine this before the tenth week, for at that

time the tube is liable to rupture, and the ovum fall into the peritoneal cavity or is forced into the broad ligament. The first condition would mean immediate death without operation, the second, that the child could keep on developing until full term, and then an operation made for its removal. Fortunately such cases are rare; yet, it is well for women to know of them, in order to avoid results therefrom. Symptoms of such a condition are as follows: A period of one or two months without the menses, with all the ordinary symptoms of pregnancy, then there will be irregular hemorrhages, and in connection with the above symptoms, from the first week or two, intense, stabbing pains in the side close to the uterus. Such symptoms require immediate medical attention.



109. The food of a woman after her delivery is also an important factor in her well-doing. Immediately after the delivery there is nothing better than a cup of hot milk, with the addition of a little pepper and salt. This may be repeated once in three or four hours for the first twelve hours.



110. The old toast and tea régime is a thing of the past. Today the patient may have:

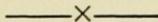
First day: Coffee, with cream, toast, softened with cream, a saucer of some favorite cereal, a cup of hot milk or of gruel.

Second day: Coffee, with cream, cocoa, dry buttered toast, a cup of hot milk, gruel, oyster or clam broth, a cup of tea, with crackers, toast sticks, with butter, cream or milk toast.

Third day: The same as for the second day, with the addition of baked or stewed apple. If the milk comes profusely on this day leave out liquids as much as possible.

Fourth day: Soft boiled or poached egg, toast, with coffee, plain soup or broth of chicken, veal or mutton, crackers, bread and butter, jelly, honey, orange juice, a cup of tea or cocoa, marmalade, jam or cooked fruit.

Fifth day: Coffee or cocoa, broiled beefsteak or lamb chop, white meat of chicken, fresh fruit (except bananas), baked potatoes, custard pudding, or gelatine, tea or cereal coffee, with bread and butter, soda or baking powder biscuits, soft egg, cold roasted meat.



111. On the sixth day, and thereafter, the patient may partake of her regular diet with the

exception of the fibrous vegetables growing under the ground, cooked cabbage, oatmeal, baked beans, boiled dinners, mixed salads, pickles and bananas.

112. It is quite necessary, during the period of nursing, for the mother to partake regularly, between the meals, of some easily digested liquid food. For this purpose there is nothing superior to Horlick's malted milk or Phillips' digestible cocoa. They are both easy of digestion, agreeable to the taste, nourishing to the patient, and both will improve the quality and quantity of the milk.

Many women lay the foundation of future ill health by this apparently unnoticed drain of lactation, which usually requires only the above methods to avert.

PART SECOND.

"An insight into the frailty of human life in its earliest days proves how much the world owes to the faithfulness of mothers and nurses."

113. The average weight of a full-term child at birth is seven pounds, boys averaging one-half pound more than girls. The average length of a full-term child is twenty inches. A child's weight should be doubled in the fifth month and trebled in the twelfth month.



114. The nearer to the end of full term a child is born the more favorable are its chances for living. There is an unfounded idea among the laity that if a child is born at eight months it is less liable to live than one born at seven months. The facts are, that when a child is born at seven months it is treated for two months as a prematurely born infant should be treated, while a child born at eight months is generally cared for as is a full-term child, hence the great mortality.

115. The ideal care for a prematurely born infant is within an infant incubator. As these are not always at hand an improvised one can be made from articles found, or obtainable in almost every home.

A clothes-basket is lined with thick paper, over which is tacked quilted cloth or thick flannel. The basket is then filled with cotton batting almost to the center. The child is anointed with warm lard or cocoanut oil and placed, without dressing, in this "nest" of cotton batting. A piece of absorbent cotton is used for a diaper, and the basket is then filled to the depth of several inches with cotton batting, leaving the child's face uncovered. An extra blanket is then thrown over all, and the child kept warm by bottles of hot water placed outside the batting, next to the quilted lining. The basket must be set upon something at least two feet from the floor, and the temperature next to the child from 87° to 90° Fahr. In changing the absorbent diapers no air should be allowed to come in contact with the child, and under no circumstance must it be removed from the basket until the full-term period has expired.

It must be fed at stated intervals—every one and one-half hours—either the mother's milk, Carnrick's Lacto Preparata, peptonized milk.

condensed milk diluted, or malted milk, whichever agrees best with the infant. Feed slowly by dropping it into the infant's mouth with an ordinary medicine dropper, a few drops at a time.

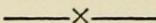
It is important that the infant should be placed in its incubator *immediately*. Every moment of exposure to the variations of the external temperature diminishes its chance of life.



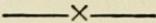
116. The immediate care of an infant after its birth is to tie the cord about two inches from the navel, with a second ligature two inches from the first toward the mother's body, and the cord to be cut between the ligatures.

The child is then immediately wrapped in a previously warmed blanket, and the mouth and throat cleansed from mucus. The eyes must be thoroughly cleansed with warm unsoaped water, or, preferably, a solution of boracic acid and water (5 grains to 8 teaspoonfuls). The body is then thoroughly anointed with warm cocoanut oil or pure, clean, fresh lard. In cleansing the child, avoid the use of water as much as possible. Wiping the body clean with oil and soft cloths. The end of the cord is to be cleaned from blood, dried and wrapped *dry* in salicylated or borated cotton, when it can be procured, or in soft cloth.

After the cord is cleaned, dried and wrapped, it must be laid on a bit of soft cotton, or cloth, at the left of the navel, and held in place with a soft woolen bandage. The cord must be dressed and kept in correct position daily until it falls off. When separation takes place the stump must be cleaned daily and dusted either with a prescribed or the ordinary borated talcum powder, over which a small square of lint or linen is placed. Should the navel pouch after healing, small compresses of linen, with or without a silver half dollar sewed therein, must be worn until it is cured.

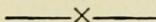


117. After the mother has rested, the child may be put to the breast. This satisfies the natural instinct, and the first secretion previous to the inflow of milk is nature's own laxative. Two or three nursings of it are beneficial to the infant.



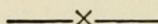
118. It is not necessary, previous to the inflow of milk, for the infant to be fed. It is, however, perfectly harmless to give a child occasionally a few drops of sweet cream in a teaspoonful of warm water, with a bit of salt and sugar.

119. Generally, by the third or fourth day, the milk flow is well established, and then the infant must be put to the breast regularly. From every one and one-half to two hours is the rule during the first six weeks, and after that once in three hours is sufficient. It is well to encourage the habit of missing one nursing during the night. It is beneficial to both mother and child.



120. As a rule the most suitable food for an infant is mother's milk, and, if that fails, the nearest approach to it. Probably a wet nurse is the most desirable alternative, but they are procured with great difficulty in this country, women here being very unwilling to perform such acts for others. A wet nurse should be between twenty and thirty years of age, and should not be employed without an examination and certificate of good health from the employer's family physician. The next best substitute is cow's milk, modified according to the infant's age, condition and digestion. It is thought by some physicians that milk from a well kept herd is preferable, as it is more uniform in quality than that from a single cow. This, however, is quite immaterial if the single cow is well cared for and healthy.

121. In that the injudicious feeding of infants under the age of one year is not only the chief cause of much illness, but death as well, it is highly necessary that every mother and nurse should be thoroughly informed regarding the correct dietetic management of "bottle-fed babies."

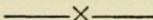


122. *Absolute cleanliness of bottles, nipples and utensils used for transporting and receiving the milk is the first great essential.* Every infant "brought up by hand" should have at least two bottles and several nipples, and when not in use *immediately* cleaned, the bottles filled with, and the nipples immersed in, a solution of common soda or boracic acid (one teaspoonful to a pint).

Nursing bottles with rounded bottoms are best, as they are more easily cleaned. (Enough bacteria to kill an infant may exist in the carelessly cleaned corners of a square-bottomed bottle.)

Nursing bottles with tubes are never to be used. Such devices have no doubt caused the death of hundreds of infants. Nipples should be of plain, black, soft rubber, and cone shaped. At the end of two or three weeks those having

been in use should be burned, new ones taking their place.



123. The temperature of an infant's food should be that of the body, $98\frac{1}{2}^{\circ}$ to 99° Fahr. This should be accurate. A thermometer may be used, or the Langerfeld milk warmer. This is a simple apparatus, burning just enough alcohol to bring the milk to the proper temperature. It may be purchased through any druggist.



124. Infants should not suck indefinitely, either from the empty nursing bottle or from the empty breast. *Nursing bottles should never be left in the crib with babies.* An infant should always be held in the same position when nursing from a bottle as it is when nursing from the breast. When nursing an infant from a bottle the neck of the bottle should always be kept filled with milk, and the baby should be fed slowly therefrom.



125. The proper amount of food to give an infant during twenty-four hours is as follows:

First week, 12 ounces.

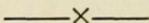
From second to sixth week, 16 ounces.

From sixth to eighth week, 30 ounces.

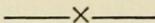
From third month to sixth month, 32 ounces.

During sixth and seventh months, 36 ounces.

After this period according to requirements and growth of child. It is always best not to overfeed.



126. Whatever the modification may be, a healthy child must receive one-third milk during the first month, one-half milk during the second and third months, two-thirds milk during the fourth, fifth and sixth months. After that a child can generally digest pure milk if it is properly prepared.



127. In home sterilization of milk either a regular steam sterilizer may be used, or, in place of it, any ordinary boiler, the milk contained in a common glass fruit-jar.

The milk is to be corked or covered with absorbent cotton or cloth, and brought to the boiling point—212° Fahr.—and kept there for twenty minutes, after which it must be tightly covered and set in a cool, clean place. The method of Pasteurizing milk is now generally preferred to that of sterilization. In this process the milk is prepared the same as for sterilizing, the temperature being raised only to 167° Fahr., and maintained for twenty minutes.

Whichever method is used, the milk must be prepared once or twice daily, when possible, and *immediately* after receiving the milk. In both methods great care must be taken to keep out the air by immediately re-covering the jar after pouring out each feeding. When a sterilizing apparatus is used, or when the milk is purchased in this form, one bottle only is opened at a feeding.

—X—

128. The object of sterilizing or Pasteurizing milk is to destroy disease germs, and other germ life which may contaminate it. Such milk will keep longer than raw milk, and is very useful when traveling with infants. It is also useful in infantile diarrhoeas, when milk in any form is permissible.

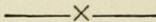
Either sterilization or Pasteurization is preferable during the extremely hot summer months. The prolonged use of sterilized milk without the addition of a malted cereal diluent is not commendable, for the following reasons:

- (a) The milk is unpalatable.
- (b) The partially cooked casein is difficult of digestion.
- (c) The fat is not so readily absorbed.
- (d) It is constipating.
- (e) The prolonged heating at a temperature

of 212° Fahr. destroys certain life properties of the milk, resulting in perverted nutritional states, such as scurvy and rickets. (See topics 177, 178.)

Pasteurized milk is a far better food for infants as a regular diet. It is open to none of the above objections, and is fast taking the place of sterilized milk in large cities. In country districts where good fresh cow's milk is procurable twice daily, neither process is necessary. When using either Pasteurized or raw milk it will be found that the addition of malted cereals (129) as a diluent will make an ideal food for infants, in which all the trouble of using lime-water and sugar-water is dispensed with.

While this modification of milk can be used in new-born or very young infants, its special value is observed from the age of ten weeks to one year.



129. The malted cereal referred to (128) is the one originally manufactured by the noted chemist, Liebig. For some time this was known as Liebig's Food. It is now manufactured and sold under the names Horlick's Food and Mel-lin's Food. The former is manufactured by William Horlick, of Racine, Wisconsin, and this product must not be confused with Malted Milk,

made by the same manufacturer, and for entirely different purposes than Horlick's Food. The other manufacturer of Liebig's Food is the Mellin Food Company, of England, with a branch establishment in Boston. This company sells it under the name of Mellin's Food. Parents are much confused over these foods, and it is desirable and just to both firms for people to understand that Horlick's Food and Mellin's Food are practically the same, both being a malted cereal product made after the Liebig formula and composed of wheat, malted barley and an alkali—surely a delightful combination of a cereal nutrient and diluent, a malt sweet, and a safe alkali, which, together in combination with cow's milk, makes a perfect food for infants.

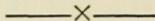
It overcomes abnormal acidity in the milk, it softens and partially digests the curds, and it emulsifies the cream.

The name "Food," as attached to these products, is apparently a misnomer, and hence the confusion regarding these products with other "infant foods" made of dried milk, and which are not to be used with cow's milk. Herein lies the great value of Horlick's Food and Mellin's Food; *they are only to be used with cow's milk*, thus enabling the child to take the full amount

of cow's milk necessary for its nutrition and growth.

These products should be called "Prepared Cereals for the Modification of Cow's Milk," and then their great value would be better known and appreciated.

These malted cereals, Horlick's Food and Mellin's Food, *must not be mixed with the milk at the time of feeding*. The entire amount to be taken by the child in twelve hours must be prepared at once, and not used for at least two hours after preparation, as it improves by standing. It must be mixed slightly warm and kept in covered jars in a clean, cool place.



130. While the above modification of cow's milk is one of the best, still it should be remembered that no one modification is suitable for all children at all times. A change of food must occasionally be made according to the child's digestion and condition. There certainly never was uttered a more truthful remark than this: "Cow's milk, when given to infants, must be mixed with human brains."

Realizing this truth, I will, in subsequent topics, include several popular modifications of cow's milk, which may be of great value in car-

rying infants through illness, and which may be used with beneficial results at any time.

—X—

131. Milk, 4 tablespoonfuls.
Cream, 6 "
Boiled water, 20 "
Limewater, 2 "
Milk sugar, 6 $\frac{3}{4}$ teaspoonfuls.

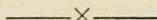
Pasteurize or sterilize the entire mixture. The proportion of milk in this mixture and the quantity to be given at one feeding must be increased according to the age (see 125, 126). In case the milk and cream are Pasteurized or sterilized when delivered, the proportionate amount of boiled water, limewater and milk sugar must be added when served to the infant.

—X—

132. Milk, 4 tablespoonfuls.
Water, 4 "
Cream, 4 "
Peptogenic milk powder, Fairchild's, 1 measure.

This mixture is heated slowly to boiling, ten minutes being occupied, and then quickly cooled. This mixture has been termed "humanized milk." One advantage of using the peptogenic milk powder is that limewater and sugar are

dispensed with and the curds are partially digested. This is a most excellent mixture to give during any severe illness in infants, and in cases of diarrhoea, when milk which has been withheld for a time is again resumed.



133. A plain cereal diluent, such as a thin gruel made with rice, barley, oatmeal or corn starch, is often beneficially used with cow's milk instead of water. Such diluents are inexpensive, and they will aid in the easier digestion of casein (curd) by finely subdividing and suspending it in the milk.

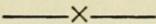
The admixture of a thin cereal gruel with cow's milk is advocated by the most eminent authority, and is based upon years of experience. Even very young infants are able to take them (especially barley gruel), and where people cannot afford the finer preparations of the malted cereals, such as Horlick's Food and Mellin's Food, it is advisable to use as a diluent, especially with sterilized or Pasteurized milk, these home-made gruels.

134. The correct method for preparing cereal gruels is as follows:

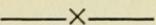
From one-half to a level teaspoonful of the ground cereal, one-half pint of boiling water;

cook fifteen minutes, strain and add to the milk in place of the plain water diluent.

These gruels can be Pasteurized or sterilized with the milk, they can be added to milk already Pasteurized or sterilized, or they may be used with fresh milk. After the addition of the gruel, limewater and sugar must be added in the same proportions as when water alone is used as the diluent. A bit of salt improves the flavor and is good for an infant.

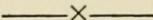


135. Barley gruel is considered the best of the home-made gruels; oatmeal the most objectionable, although giving the finest flavor to the milk. In diarrhoeas, or even a tendency to looseness of the bowels, or if an infant pass undigested curds, barley or rice gruels are preferable. In constipation oatmeal is the best.



136. Other diluents of milk are gelatine and "flour ball." The gelatine is prepared by soaking a piece of plate gelatine one inch square in half a cup of cold water for three hours, and then boiling it in a double boiler until the gelatine is thoroughly dissolved. This forms, when cool, a jelly, of which from one to two teaspoonfuls may be added to each feeding.

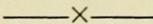
"Flour ball" is prepared by tying a pound of flour in a pudding bag, placing it in a porcelain kettle of cold water and cooking it for ten hours. When cold remove the cloth, cut away the outside dough, and reduce the hardened inside to a fine powder. Prepare into a gruel with hot water and add to the milk.



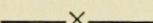
137. There is an unfounded idea among the laity that limewater is injurious to the stomach and intestinal tract of an infant. Limewater administered in the ordinary way is never deleterious. On the contrary, limewater and other alkaline salts are required by an infant for its proper growth, otherwise the secretions will be too acid, resulting in softened bone and perverted nutrition elsewhere in the system. Upon the mucous membrane of the stomach and intestines limewater has a sedative, instead of an irritant, action, and its addition to an infant's food is especially commendable in illness. No remedy is more frequently used for vomiting, and in such cases it may be used in quantities up to one-half, or even two-thirds, as a diluent for milk.

As an alterative, it ranks second to no remedy in removing poisons from an infant's system, and is extremely valuable in certain forms of

diarrhoea, and the wasting diseases of scrofulous and tubercular children.



138. Bicarbonate of soda is also used in the preparation of infant food, especially when there is a tendency to vomit sour curds, or if the child is troubled with colic. If such conditions are accompanied with constipation, or diarrhoea alternating with constipation, a little milk of magnesia (Phillips') added to the milk at each feeding, or given before each nursing, will generally benefit the child. It is well, also to add a little common salt to an infant's food occasionally.

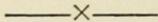


139. Cane sugar is preferred by some authorities as a sweetening agent instead of milk sugar. It is believed to be a better preservative of the milk, and of value in preventing the milk sugar already existing in the milk from turning into lactic acid.

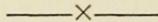


140. Infants occasionally cannot for a time digest or retain in the stomach milk in any form. It is well in these cases to free the milk of its casein (curd). This is easily accomplished by adding a teaspoonful of the essence of pepsin to a cupful of lukewarm milk, after which the

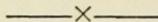
whey may be strained through a cloth or fine strainer and be prepared as if pure milk was used.



141. For children who digest milk badly, "strippings" is of great utility. This can only be procured in villages and country districts. It is the milk obtained by remilking the cow after the ordinary milking, and is almost entirely free from curds and rich in cream. It must be used in less quantity than milk.



142. Condensed milk is used to a large extent as a food for infants. It makes fat babies, and they are usually free from constipation. They are, however, rarely strong, in that it does not contain enough nutrient material to keep up perfect physiological growth.



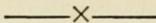
143. If no form of modified cow's milk agrees, resort must be made to the various dried milk foods, such as Carnrick's, Nestle's or Horlick's malted milk.

While these foods alone do not seem to possess sufficient nourishment for prolonged use, they are frequently of invaluable benefit as "stepping stones" to other foods, and can be used with confidence.

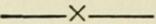
144. As children approach the age of one year, in addition to the regular milk food, it is well to alternate with stale bread and milk, soda biscuits or crackers and milk, cookies and milk, well cooked cereals and blanc mange, both served with cream. After the age of one year, until the end of infancy — two and one-half years — in addition to the above the child may have beef tea, mutton, veal or chicken broth, soft egg, chopped beef, mutton, chicken and game, with meat gravies of all kinds, eaten with bread. It may also eat custard puddings of all kinds, cooked fruit of all kinds, with bread and plenty of butter. Butter is a most excellent article of food for children, and as they grow older it must be given them in abundance. Home-made white bread is the best bread for children. It contains more nourishment, i. e., more nutrition can be appropriated from it than from either whole wheat or Graham bread, and, in addition to this, it is much easier of digestion. Twentieth century mothers will, I trust, study the chemistry of foods themselves, and not allow food advertising firms to think for them.

Plain cookies and plain cake are good for children, also fruit jellies, syrups and honey. It should, however, be remembered that milk up to this age must be the chief article of diet.

145. There is nothing more pernicious than for children, under the age of two and one-half years, to be allowed to partake of food served to adults, even if it be given in minute quantities. Potatoes, beans, cabbage, the fibrous vegetables, ham, veal, corned beef, cheese, rich soups, bananas, skins of fruit, pastry, rich puddings, condiments, coffee, tea, etc., are all harmful to a child's digestion, and the fact that they readily partake of such foods is not the slightest proof that they are good for them, as many thoughtless, uninformed parents contend.

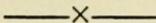


146. Children, even the youngest infant, must be given water several times daily. While an infant is nursing its mother it is well to interrupt the process and give it a teaspoonful or more of water. It is always best to boil water for infants, where there is any doubt of its purity, otherwise pure, fresh water is preferable.



147. When a child is nursing its mother it frequently becomes necessary to add not only cereal diluents, but cream, sugar or limewater to the milk. This can be best accomplished by giving whatever is necessary just before nursing. In nursing, or in taking cow's milk, an excess of fat will manifest itself by vomiting

sour curds *between* the feedings and with frequent normal stools. Too little fat (cream) will be manifested by constipation, with dry stools. An excess of casein (curd) in the milk causes severe colic, with an excess of curds in the stools. When the sugar is in excess there will be belching of gas with colic and green acid stools, which irritate the skin. If the sugar is not in suitable quantities the normal growth or weight will be lessened.



148. It is an art to correctly bathe an infant. An eminent specialist once said: "Nurses who spend (with more pedantry and self consciousness than intelligence) much time in oiling and soaping and washing and bathing, and turning this way and that, through which the infant finally comes with a cold nose and blue feet, are not infrequently the cause of its ill health or death."

An infant should be bathed and dressed in a warm room (never less than 75° Fahr.), and the temperature of the water 100° Fahr. The entire process of undressing, bathing and dressing should not exceed fifteen minutes.

Infants should not remain in the water over five minutes, and very young or very delicate infants should only receive sponge bathing un-

til they are at least one month old. When taken from a tub bath, or while taking a sponge bath, an infant must be well wrapped in a thick woolen bath apron or blanket, and *wiped very dry*. Cold baths are not desirable for young infants, or young children, and should not be given unless ordered by the physician.

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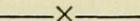
149. It is very necessary, whenever the napkins are soiled, to immediately remove them, washing the soiled, moist places underneath with warm, unsoaped water and *thoroughly drying* before adjusting a fresh napkin. Such care alone will generally prevent chafing. Dusting the parts with a fine powder, such as borated talcum, rice or starch powder, is also beneficial in preventing irritation of the skin. Napkins once soiled with urine should not be folded and used a second time, and in every instance soft cotton diapers must be used. Do not allow an infant to wear rubber napkins.

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150. If a child is born during the warm weather, or in a very mild climate, it may be taken out of doors when it is six weeks old. If born in the winter in a cold climate it must not be taken out until it is four months old. After an infant becomes accustomed to the outdoor

air: it may be taken out every pleasant day. In the warm weather it can remain out a greater part of the day, and in the winter from one-half to one hour twice daily. An infant or a very young child must not be taken out when the thermometer registers at or below 15° Fahr., or when the wind blows strongly from the east or the north. They should never be taken out in the rain or during snowstorms.

In the cold weather it is best to carry them in the arms when out, as their carriages and sleighs become cold very quickly, and an infant under one year of age is easily chilled.

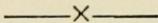


151. Every healthy infant will, and should, sleep a great deal. It is better for an infant to sleep alone, and it is well to line the sides and ends of the crib as a protection from draughts of air. The temperature of an infant's sleeping room should be 65° to 68° Fahr., and the fresh air should be admitted for at least one hour twice daily, morning and evening.

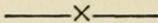


152. It is said "the language of an infant is its cry." Healthy babies rarely cry unless they are hungry, and then food generally quiets them. A cry in an infant which is not quieted by ordinary means generally indicates earache. A

cry with a cough at the same time denotes lung trouble. A quick sharp cry, with drawing up of the knees, is a "colic cry." A shrill and prolonged cry is the cry of brain disease. To take the nipple and cry indicates a sore mouth. Babies, when they cry, do not shed tears before the age of three months.

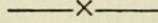


153. The normal pulse of an infant at birth is 140; at one year of age from 110 to 120. A slow pulse indicates a dangerous condition in an infant.



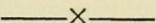
154. The normal temperature of an infant is 99° Fahr., one-half degree higher than that of an adult.

A temperature of 102° is a moderate fever in a child, 104° to 105° severe, 106° to 107° dangerous. A low temperature—96° to 97°—in an infant is dangerous. It is unsafe to insert a thermometer in a child's mouth. The temperature should be taken either in the armpit or in the rectum, and should be held in place five minutes. Every family should own a fever thermometer.

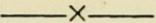


155. An infant generally has three or four natural bowel movements daily. Normal pas-

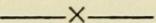
sages are yellow in color and contain no curds. Any change indicates digestive disturbances, and can generally be corrected by changing the modification of either the mother's milk or cow's milk, according to indications previously stated (147).



156. One cannot make a statement of how often a healthy infant should urinate. If an infant should not urinate for twelve or fourteen hours, the case should be investigated. If the urine stains the napkin, it is also an indication for treatment.



157. Vomiting, or rather a regurgitation of food, immediately after taking it, is of frequent occurrence in perfectly healthy infants. They really take more than they can hold, and the position of the infantile stomach allows its prompt overflow. Vomiting curds between the meals indicates too much cream in the food. Vomiting accompanied with nausea, pain or fever must always be looked upon as requiring more than dietary treatment.



158. Children are sometimes born with a bluish looking tumor upon the head. These are caused by pressure and ordinarily disappear

within a few days after birth, under applications of alcohol or witch hazel, each diluted one-half with warm water. Should the condition last longer than eight days, the physician must be notified, as it may require opening, with thorough cleansing and dressing.

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159. A child is frequently born with the thin strip of tissue under the tongue growing almost to the tip. This is known as "tongue tie," and it must be cut, otherwise it will interfere with nursing and later produce an impediment in the speech.

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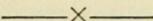
160. From prolonged labor or other causes, a child is sometimes born in an apparently suffocated condition. The first thing to do is to clean the mouth and throat from mucus, and breathe into the child's mouth. Excite respiration also by placing the infant alternately in cold and warm (100° Fahr.) water. Slapping also is sometimes effectual. If such methods fail, the physician or nurse must perform artificial respiration. This is done by laying the infant on its back with head and shoulders raised a little. Then, standing at the child's head, carry the arms upward until they meet over its head. Hold them for a few seconds, again

returning them to its side. Repeat this sixteen or eighteen times per minute. Make the grasp on the arm above the elbow, and keep the infant well covered, or in a very warm room.



161. Infants sometimes look blue. A blue look around the eyes and mouth indicates heart weakness or digestive disorders. Blue fingernails denote that the blood is not receiving sufficient oxygen.

If a child is blue over the entire body it is known as "blue disease," and is caused by incomplete closure of the heart valves. Such children are very delicate, and must receive no careless handling or be subjected to fright. Generally they do not survive early childhood.



162. Following separation of the cord there is occasionally developed what is known as an umbilical polypus. It is a small, red projection which can be easily removed by a surgeon. Growths known as vegetations also develop after the cord falls off. There is also, at times, after the stump has apparently healed, a thick, yellow discharge coming from the navel. Both of these conditions must be treated by a physician.



163. Hernias or ruptures are frequently found

in infants and young children. Umbilical hernias (hernias at the navel) are best treated by the constant application of a navel truss, or, in place of it, an improvised article made from a round piece of lead, made smooth and flat, and the size of a silver half dollar. This must be well covered with soft cloth and fastened on with adhesive plaster. Firm and continuous application of a truss will generally cure a case in three or four months. Another variety of hernia (rupture), known as inguinal, is also observed in infants and young children. It is located in the groin, in the lower part of the abdomen, either upon the right or left side. It is generally caused by crying, coughing, straining at stool or in urinating. This condition must be treated by a physician. The cause must be removed and a correctly fitting truss applied. It is very necessary in treating this kind of a rupture to never allow the intestine to descend after its reduction. The truss must be worn day and night for one or two years, and in changing to a new one, or for cleansing under the old one, the place of rupture must be firmly held by the fingers. *One descent will undo all previous treatment.*

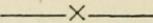
164. Protrusion of the lower bowel is caused by straining. The treatment is to remove the

cause, and to keep the infant in a recumbent position. The bowel must be immediately replaced whenever it prolapses. This can generally be accomplished by elevating the hips, washing the parts in tepid water, and with a little vaseline gently push the parts inside. It is generally advisable to procure from the physician small suppositories, or a lotion for application to the bowel after replacement.

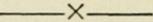


165. The wind colic of infants is frequently very distressing. It is ordinarily caused by an improper modification of the food. A rule always to be remembered is this: *Never give "soothing syrups."* These preparations simply cover up conditions, and are generally harmful. Colic rarely requires strong medicines of any kind. An immediate change in the preparation or modification of the infant's food will generally be all this is required. Two or three grains of bicarbonate of soda or ten to twenty drops of Phillips' milk of magnesia added to each feeding for several days, or several weeks if necessary, is always beneficial. If the milk of magnesia is a little too laxative in the above doses, give less; if not sufficiently so, give more. The management of the immediate attack is to empty the lower bowel with an enema of slightly salted

warm water ($\frac{1}{8}$ teaspoonful of salt to 1 pint of soft water), and at the same time place a warm application over the bowels and to the feet. Rubbing the bowels with warm oil is of benefit. Administer also internally a drop each of pure glycerine and tincture of anise in a teaspoonful of hot water, repeating it every five minutes until the gas is expelled. Paregoric should not be given to infants. Infants inclined to have colic should be kept very warm, and their food must be modified in a manner that will insure its easy digestion.



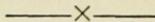
166. The yellow discoloration of an infant's skin is generally of no importance when it comes on two or three days after birth, and the infant otherwise appears well. If, however, such discoloration persists longer than five or six days, the infant appearing ill and drowsy, a physician must be called at once.



167. "Red gum," sometimes "white gum," is an eruption appearing upon the skin of an infant one or two weeks after birth. It is supposed to be a sweat rash, and is not at all serious, requiring only the application of a fine dusting powder, such as a borated talcum or a fine quality of rice or starch powder.

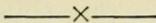
168. Constipation is a very troublesome condition in infants, and must, if possible, be overcome, as it leads to general ill health. It is very difficult to give general rules regarding its management, as there are so many factors in its causation. Probably a large percentage of the cases are the result of improper food. Either the mother's milk or the cow's milk as given contains too much casein or too little of the salts, sugar or fat. Diluting the casein with a little oatmeal gruel, given just before the child nurses, or, if it is bottle-fed, added to the milk, is generally beneficial. The malted cereals, Mellin's Food or Horlick's Food, combined with cow's milk, are also most excellent. In fact it is rare to observe constipation in a bottle-fed infant, if the cow's milk is modified with these malted cereals. The addition in the same way of a little table salt or from one-half to a teaspoonful of sweet cream or sugar will overcome the tendency to constipation if these constituents are lacking in the food. There are no remedies which can be advised for prolonged use in constipation. It is beneficial to give a dose of castor oil occasionally to clear the intestinal tract, and Phillips' milk of magnesia may be given daily for some time with beneficial results. The castor oil must be given in quite large doses (from one teaspoon-

ful to a tablespoonful). The milk of magnesia in one to two teaspoonful doses, either given at one time or in divided doses before or with the food. The use of a glycerine suppository, or the application of the conical point of the old fashioned soap suppository into the rectum for a few moments, will secure an immediate movement. The safest and best of all mechanical methods, however, is a small rectal enema of an unirritating oil. For this purpose a small hard rubber syringe is preferable; one holding one ounce (two tablespoonfuls) is the proper size. The end of a small soft rubber catheter may be cut off and drawn over the nozzle of the syringe, making it absolutely unirritating. Either olive oil or pure linseed oil is preferable, although warm soft water with a grain or two of table salt is permissible.



169. There are various kinds of sore patches which appear from time to time in an infant's mouth. That known as thrush is the most serious, and comes from faulty cleansing of the infant's mouth. Milk is allowed to collect and sour on the tongue and sides of the mouth, and the germ develops the white, mould-like growth. This frequently extends into the stomach and bowels, and has in fatal cases been observed to

grow through the rectum. Care in keeping the infant's stomach in good condition, with thorough cleansing of the mouth before each nursing, with a solution of boracic acid (10 grains to 8 teaspoonfuls of water), will usually prevent all forms of sore mouth. A 50 per cent solution of glycerine of boracic acid applied several times daily to any ordinary sore mouth will effect a cure if the strict cleanliness is also maintained. Severe cases, such as deep ulceration or thrush, require the personal care of a physician.

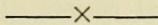


170. The newborn infant occasionally has an inflammation of the eyelids, from which there is a purulent (matter-like) secretion. It generally comes on about three days after birth, and, untreated, is the cause of more blindness than any other disease of the eyes. It is caused by contact with the vaginal secretions during birth; the matter coming from the lids being so infectious that the slightest contact of the unwashed fingers of mother or nurse with her own eyes or the eyes of others will produce the same virulent affection. The greatest of care must be used in cleansing the infant's eyes after birth, in order to prevent the occurrence of this condition. A solution of boracic acid (10 grains

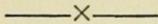
to 8 teaspoonfuls of water) should be used to cleanse the eyes for several days after birth, and in every instance the nurse must thoroughly cleanse her own hands, after making the mother's toilet, before she attends to that of the infant. If, after a few days following birth, the slightest scaly condition appears on the edge of the lids, the boracic acid solution must be used frequently, and in addition thereto an application of pure vaseline to the lids two or three times daily. If an inflammation appears in spite of all the above care, send at once for, or take the child to, an oculist. The responsibility of these cases should only be given to those who are skilled in eye diseases, for only by the most painstaking management will the eyesight be preserved. The eyes of every young infant must be protected from bright lights, and not only indoors must this be observed, but also when the child is in the open air. The ordinary carriage umbrella or a veil (preferably of dark blue silk gauze) must be so adjusted as to form a protection from the sunlight. Veils should never be drawn tightly over an infant's face, but simply pinned to the corner of the carriage pillow or to the shoulder of the nursemaid, and thrown loosely over the infant's face. When indoors, a child's eyes

should be turned away from the light. Sash curtains of dark blue silk veiling, or even dark green paper cambric, afford an excellent protection.

It is a pernicious custom to allow infants, or young children, to hold toys close to the eyes. It is best to discourage the use of such play-things until the child is able to walk.

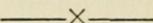


171. Infants often have "snuffles," which is shown by a stopping up of the nose, which at times may interfere with nursing. It is sometimes accompanied by a slight watery discharge. Snuffles can generally be overcome by dropping a few drops of warm liquid vaseline into the nostrils several times daily as long as necessary.



172. While more especially a disease of older children, still, not infrequently children under two and one-half years of age will have periodic snuffles, a tendency to snore, and an inability to breathe through the nose, which is observed by the infant's mouth remaining open when sleeping or when it has a slight cold. These children are noticed to have choking spells occasionally, during which they turn red or purple in the face. These symptoms are caused by what is called "adenoid vegetations"

or catarrhal glandular growth, which grow in the space back of the nose, above and behind the palate. They are a mass of lymphoid bodies, which at times almost, if not completely, obstruct the breathing space. They grow larger and become harder as the child grows older, and are one of the greatest factors in deforming the lower part of the face and teeth. They are also one of the chief causes of "running ears" and deafness. The only cure is complete removal, and even in infants the operation is safe and successful. Under one year of age, unless the case is very bad, a palliative treatment may be given until the surgeon decides upon a proper time for operation.



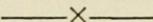
173. A discharge from the ears is always a serious thing in infants and young children. There seems to be an impression among the laity that it is dangerous to stop a discharge from the ears. Nothing is more pernicious than such an unfounded idea. *Untreated or improperly treated discharges from the ear occurring during infancy and childhood are the chief cause of injured and lost hearing in later years.* Infants suffer from earache much more than is generally supposed, and in almost every instance when a child is peevish, restless, tosses

its head about and cries without assignable cause, inflammation of the ear may be suspected. Earache is generally relieved in children with irrigations of warm water. A quart or more may be used three or four times daily if necessary. The water is put into a fountain syringe, hung about three feet above the ear, letting the water run gently therein, with a basin held under the ear to catch the outflow. Each time after irrigating, the inside of the ear must be wiped as dry as possible and a few drops of warm glycerine dropped into the ear, over which a small piece of cotton or wool is placed to keep out the air. Moist external applications are not advisable, but dry heat, such as that from a Japanese hand warmer, or hot dry bran, salt or sand enclosed in woolen bags, is very comforting. Oils should never be dropped into the ear, as they decompose and produce a mouldy growth over the eardrum. If an earache in an infant is not benefited in twelve hours by the above treatment, a physician must be called.

—X—

174. Toward the end of the first week there is found in the breasts of both male and female infants a secretion which closely resembles mother's milk. There is always a desire on the part of the attendants to squeeze it out, but this

must not be done, as a new secretion persistently re-forms, frequently lasting several weeks. Squeezing also favors the formation of abcesses, which in the case of a female infant would be an unfortunate condition, should the glands and ducts undergo destructive changes. Gentle induction, or compression, with camphorated oil, will generally dry up the secretion.



175. Convulsions are of such frequent occurrence in infants and young children, and the suffering therefrom so terrible to witness, that they are among the few conditions which the mother dreads to face. They are always caused by some irritation reflected to the brain. This irritation may come from cutting the teeth, improper food, overfeeding, indigestion, worms, fever, fright, pain, anger, injuries or disease in the brain or spinal cord. The symptoms of an approaching convulsion are restlessness, crying out in the sleep, grinding the teeth, and slight twitching movements of the muscles. The real convulsion may vary in its severity from slight jerky movements of the head, neck and limbs to rolling of the eyeballs, stiffened limbs, frothing at the mouth and unconsciousness, terminating in a gradual relaxation, with return to consciousness.

ness and natural sleep or drowsiness, or, in the graver forms, progressing into a deepening stupor and death. When symptoms point to an approaching convulsion, a child should be given a rectal enema of at least a pint of slightly salted warm water. After the bowels are relieved a hot tub bath should be given, followed by a large dose of castor oil. This will most thoroughly and quickly clear the upper intestinal tract. Do not try other physic in these cases; it is too slow. A physician should be called in every case.



176. Dentition or teething is a period of much anxiety to mothers, and of much discomfort to children. Only about 20 per cent of all children have no difficulty in teething. The greater part of teething occurs before the birth of the child, so that after the child is born there only remains the process of extrusion through the soft tissue and mucous membrane. The first teeth are twenty in number, and are known as "milk teeth." They come through in the following order:

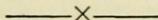
1. Two lower incisors, 5 to 7 mos.
2. Four upper incisors, 8 to 10 "
3. Four first molars, two lower
lateral incisors, 12 to 14 "

- | | |
|------------------------|------------|
| 4. Four canines, | 18 to 20 " |
| 5. Four second molars, | 28 to 30 " |

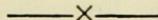
The two upper canines are known as "eye teeth." Girls cut their teeth earlier than boys. An early dentition is an easy dentition. Delayed dentition is generally an indication of constitutional disease. If a child has no teeth when it is ten months or one year old, it probably has rickets or some other constitutional ailment, requiring medical treatment. At the time of cutting the teeth children are more or less fretful and cross, with fever and indigestion at times. There may also be diarrhoea and serious nervous disturbances, caused entirely by the irritation, pain and itching in the gums. There is but little to do for the local symptoms except frequently rubbing with a solution composed of equal parts of pure glycerine and distilled extract of witch hazel. Gum lancing is not practiced as much as formerly. Its value is overestimated, and its indiscriminate practice, as well as rubbing the teeth through with hard substances, is pernicious. There are only occasional instances when such treatment is justifiable. It is of the greater importance that a child's diet at this time be so arranged as to be easy of digestion, and overcoming all tendency to constipation. In the absence of special

medical advice, it is well, during these periods of dentition, to give a daily rectal enema, with an occasional dose of castor oil or milk of magnesia, if any one of the above symptoms appears.

The milk teeth should be preserved as long as possible by soft fillings and other dental care. This insures a more perfect regularity in the size, shape and setting of the permanent teeth.



177. Infantile scurvy is a disease which occasionally occurs in infants. It shows itself by swelling of the lower limbs, pain upon movement, purple spots in the skin, with soft, spongy, dark red looking gums. The disease is caused by improper food, such as the prolonged and exclusive use of sterilized milk, condensed milk, starchy and dried milk foods. Terrible as this condition may appear, it is nearly always possible to effect a cure by changing the diet to some modification of *fresh raw cow's milk*, together with the daily administration of the juice of one or two oranges or the same amount of fresh pineapple juice.



178. Rickets is a disease which comes on between the ages of six months and two years and is especially characterized by a deficiency of

lime salts in the bones, resulting in such flexibility of the tissue that the well known deformities, curvature of the spine, "pigeon breast," "big head and little body," "bow legs," "knock knees" and "flat foot," are formed. During this softening process, and before deformities occur, the child is observed to be pale, poorly nourished, sweating easily upon the head and neck, troubled with indigestion, with foul smelling, variously colored stools of diarrhoea alternating with constipation. These infants take cold easily and they frequently have a catarrhal rattling in the bronchial tubes without evidence of cold elsewhere. They are peevish during the day and restless at night, with an inclination to throw off the bed coverings.

There is also to be noticed a peculiar sadness of expression and manifest evidence of pain upon being handled, associated in severe cases with marked swelling of the joints in the lower extremities.

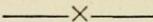
Rachitic tendencies may be inherited from overworked, underfed and enfeebled parents. The disease may be brought on by the infant's surroundings, such as exist in the damp, sunless, overcrowded apartments of city tenement houses; but its *chief* cause is to be found in the

infant's food, which is either not sufficiently nutritious, or of a quality and modification unsuited to the child's age and digestion. The prolonged nursing of a poor quality of mother's milk, and the exclusive and prolonged feeding with condensed milk, sterilized milk, patent dried milk and starchy foods, all favor this terrible condition, which not only results in deformities, but imparts to the child insufficient vital force, rendering it through life the victim of ills innumerable, and with a prospect of transmitting similar tendencies to its progeny.

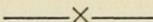
The first indication of its approach should warn the mother to investigate the quality of her milk if she is nursing the infant, and to supply all deficiencies at once (147). If she has an insufficient supply, modified cow's milk (preferably raw) must be given three or four times in twenty-four hours in addition to her own milk. If the child is taking dried milk foods, or condensed milk, discard them at once. If it is taking sterilized milk, change to a malted cereal modification of Pasteurized milk; or, *better still, a malted cereal modification of fresh, raw cow's milk* (128, 129).

All rachitic children should have plenty of fresh air and sunlight, and live, if possible, in dry, well ventilated apartments. The medical

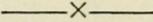
treatment is very important, each individual case requiring special care. Deformities must be prevented and corrected by surgical methods, either operative or mechanical.



179. Birth marks and birth deformities of all kinds must be left to the judgment of the family physician, who will decide at what age and by what methods they are best remedied.

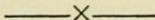


180. Burns and scalds upon infants must receive immediate attention on account of the shock to the nervous system, and the great liability to serious and fatal brain and lung complications. While waiting for medical attention it is best to apply over the parts affected *clean* cloths wrung out of sodawater (two teaspoonfuls of common soda to one pint of cool water). These applications will keep the air out and greatly relieve the distress.

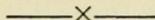


181. When children put foreign bodies like beans, peas, corn, etc., into the nose or ears, only the most skillful surgeon must attempt their removal. Parents positively must not make attempts at so doing, as unskillful manipulations push the object into the intricate nasal cavities, from which extraction becomes difficult, or, if in

the ear, against or through the delicate drum membrane, thus doing great injury.



182. Infants frequently have a superficial inflammation of the skin in the groin and folds of the neck. It is known as simple erythema, and is caused by friction of opposing surfaces. Absolute cleanliness with thin starch water, separation of the parts with thin muslin or absorbent cotton, and dusting with a fine infant toilet powder generally relieves this condition.



183. Another form of erythema, known as "rose rash," is frequently observed upon the skin of infants during the period of dentition (cutting teeth), and also when an infant suffers from indigestion.

It is sometimes accompanied by restlessness, slight fever, and is, by the laity, often called "scarlatina," as it lasts for a few days before fading away. But if the mother will remember that in scarlatina the temperature is very high, the throat very red and sore, the glands upon the sides of the neck swollen, and the tongue "strawberry-like" in appearance, there need be no mistake (see 200). Attention to the stomach and bowels, warm starch-water baths, followed

by applications of a toilet powder, is all the treatment necessary.



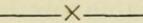
184. Eczema is a very common skin affection in infancy. It generally makes its appearance upon the cheeks, scalp, forehead and back of the ears.

While weak, scrofulous and underfed infants are especially inclined to it, still it is quite as frequently observed in apparently strong, overfed or improperly fed children. It has three symptoms by which it can be recognized by the mother or nurse: it weeps, scabs, and the exudate from it stiffens linen or muslin when applied over it. It is quite amenable to treatment, but very liable to relapses in children. The treatment is dietetic, medicinal and local. If eczema occurs in an infant at the breast the mother must eliminate from her own diet everything of a greasy, stimulating or indigestible nature. Milk, fresh meat, fruit and fresh vegetables must be eaten in abundance, and the breast milk sent to the physician for analysis, so that whatever constituents are lacking may be supplied to the infant at the time of nursing. If the child is taking dried milk foods, condensed milk, sterilized milk, or too much starchy

or other indigestible "table food," there must be an absolute change of diet.

A digestible modification of cow's milk, either raw or Pasteurized, together with other foods suitable to the age and digestion, will generally meet the dietetic requirements (144). The medicinal treatment must be prescribed according to the individual case. The local treatment also is given according to the stage and severity of the disease. If the eczema is acute, *absolutely no water must come in contact with the parts affected.* Cleansing must be done with dry absorbent cotton or soft cloth, and dusting powders should be used instead of ointments or lotions.

In chronic forms the remains of old ointments and scabs must be removed with equal parts of limewater and linseed oil each time before the fresh dressings are applied.



185. When one realizes the fact that at least fifty different parasites may infest the human body, and that of these twenty-one reside in the alimentary canal, it is not to be wondered at that mothers often suspect their children to be suffering from "worms."

Infants and young children are only liable to suffer from two varieties, however, the round worm and the thread worm. The round worm

is a yellowish looking worm, from four to six inches long. Its favorite habitat is in the upper intestines, from which place it occasionally wanders into the stomach and throat above, and as low as the appendix below.

The danger from these worms, aside from the irritation they cause in the bowels, is in suffocating the child by crawling from the throat into the windpipe, and from inflammation and obstruction in the bowels, where they have a tendency to penetrate other cavities and to form ball-like masses in the intestines.

The thread worm is named from its resemblance to a piece of white thread. (Pin-worm and seat-worm are also names given to this worm.) It is about an inch in length and infests the lower bowel, especially in the region of the appendix, from which point they wander in almost inconceivable numbers into the rectum, and even outside upon the body and the clothing.

The symptoms pointing to the presence of round worms are alternately flushed and pale features, swollen and blue looking lower eyelids, nausea, occasional vomiting, foul breath, digestive disturbances, together with colicky pains, especially in the vicinity of the navel.

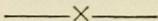
Thread or pin-worms cause only general nerv-

ousness with intense itching around the anus when the child is warm in bed, greatly disturbing sleep.

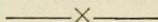
Children should not be dosed indiscriminately for worms. A very simple remedy, more efficient and much safer than the "worm lozenges" with which children are dosed, is the simple oil of worm seed, given in sweetened milk of magnesia, or in sugar. A child at two years of age can take two drops three times daily for three or four days. A child at three years of age can take three drops three times a day, and so on, increasing one drop for each year until the child is ten years old. This remedy must be followed every second day with a large dose of castor oil.

For thread worms there is nothing better than Hunyadi water or even common salts, given either in water or syrup of orange before breakfast, two or three times a week. Once daily the rectum must be washed out with a large enema of cool, soapy water, and the anus thoroughly washed and anointed twice daily with boracic acid ointment, procurable at any drug store. The reason these worms are difficult to get rid of is because the treatment is not always thoroughly and persistently carried out. It must be remembered, in treating these worms, they are

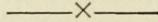
in numbers so great that the walls of the intestines appear as if coated with fur, and in connection therewith millions of eggs ever ready for hatching. Hence the necessity to persist in the treatment long after the apparent disappearance of the worms.



186. The condition known as water on the brain may result from conditions existing before birth, or it may come on afterward, when the chances for improvement are greater. Treatment unfortunately is unsatisfactory, and if these children live they are inclined to be very backward, both physically and mentally.

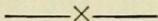


187. Of all infantile diseases, meningitis is the most serious and fatal. It may be tubercular (consumptive) or non-tubercular, and its approach may be insidious and independent, or it may come on during another illness. *Vomiting, extreme restlessness and avoidance of light,* are a trio of symptoms, to which mother or nurse must call the immediate attention of the family physician.



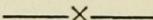
188. Cholera infantum, another fatal disease of young infants (and only very young infants), is known to physicians as acute milk infection

or milk poisoning. It is unlike other forms of infantile diarrhoea, and bears a very close resemblance to Asiatic cholera. It is characterized by severe vomiting and purging, sometimes as many as thirty or forty stools are passed in twenty-four hours. Suddenly the stools stop and the child passes into a stupor and dies. Ordinarily the disease does not last longer than seventy-two hours. The poison causing it comes from the milk and is most virulent. It is generated either by conditions within the digestive tract, or from unclean nursing bottles and milk changes during the hot summer months.



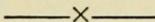
189. Membranous croup has the early symptoms of simple croup, but without appearance of cold (190). As the disease progresses, the symptoms grow in intensity day and night. The difficulty in breathing is entirely unrelieved by ordinary methods, as in spasmodic croup, and the child, unless relieved, passes into a stupor which precedes death. The case must be under the care of physician and nurse from the first, if possible. Strict isolation must be enforced, and in case of death the funeral private, on account of the probability of a diphtheritic element in these cases.

190. Simple croup is an inflammation and swelling of the mucous membrane of the windpipe. It is caused by a cold, and preceding its onset there is an appearance of cold in the head, with a short, dry, wheezy cough and hoarseness. It generally comes on at night, the child awakening out of its sleep with the characteristic "long drawn inspiration." The treatment until the doctor arrives consists in propping the child up in bed and the application of warm oil over the neck and upper part of the chest. A very excellent and simple preparation is spirits of turpentine combined with either sweet oil, goose oil, lard or cocoanut oil (two teaspoonfuls of turpentine to ten teaspoonfuls of whichever oil is used). A woolen cloth is saturated with this and placed over the windpipe (front part of the throat), and a large flat sponge or several layers of cloth wrung dry from hot water applied over it. If the child's breathing is very labored a teaspoonful of syrup of ipecac or a teaspoonful of powdered alum mixed with honey or molasses may be given every half hour until vomiting occurs.



191. Infants are very susceptible to acute bronchitis, which, if severe, is quite as serious as is pneumonia in adults. It is especially apt

to occur in rachitic and catarrhal infants who take cold very easily. The treatment to pursue until the doctor arrives is to apply hot camphorated oil over the chest, and to envelop the entire chest in a bronchitis jacket. These jackets are made without sleeves, fitting the body high in the neck, close to the arms, and at least six inches long under the arms. They are made of one or two layers of sheet wadding, well quilted between two pieces of cheese cloth or gauze, with the opening in front, which must well overlap and be closely pinned so that no air can strike the chest. Heavy poultices or applications of ice are not advisable in bronchial affections of infants. The temperature of the room should be kept at 70° Fahr., and the child's strength sustained by rest in bed and with food easy of digestion.

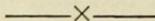


192. Diarrhoea, both inflammatory and non-inflammatory is of frequent occurrence in young infants. It is generally caused by colds or some digestive disturbance, especially during teething, or in the heat of summer. A good routine treatment is to give the child a large dose of castor oil, as no doctor will object to that, and immediately call the family physician. Do not wait to try this remedy or that remedy, which

may be suggested by some kind neighbor or friend (?).

Diseases to-day are not treated with remedies given to "somebody else." Illness of all kinds is treated as it exists in different individuals, and entirely according to the conditions found in the individual affected.

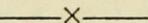
Remember, in this as in other diseases, early treatment is the best treatment. It is the "pennyworth of preventive medicine," and worth far more than the "pound of cure." The dietetic treatment is of the greatest importance in all forms of diarrhoea, the character of the stools in every instance indicating the required food modification. It is of quite as much importance as is medicine.



193. All infants, whether fed at the breast or bottle-fed, are liable to attacks of indigestion. Overfeeding and improper food are generally the cause of infantile indigestion, either acute or chronic. The symptoms of acute indigestion are restlessness, nervousness, vomiting, feverishness, generally followed by diarrhoea. It is generally relieved by thoroughly clearing the intestinal tract with a large dose of castor oil or milk of magnesia. Castor oil must be given in from two teaspoonfuls to one tablespoonful

to infants under two and one-half years of age; milk of magnesia—Phillips'—a teaspoonful every two or three hours until the desired effect is produced. After the bowels are freed from the undigested and irritating food, a scant and easily digested diet must be given for a few days. In giving castor oil to children, Allen & Hanbury's is always to be recommended on account of its agreeable taste.

Chronic indigestion is manifested by evidence of continual intestinal uneasiness and distress, colicky, foul-smelling, undigested and diarrhoeal stools, together with weakness and a general wasting of the entire body. Careful and correct modification of the diet, with partially digested foods for a time, together with suitable nutritional tonics, will cure most cases.



194. Infectious diseases, such as scarlet fever, diphtheria, smallpox, measles and whooping cough frequently occur during infancy.

While the great majority of deaths occur from complications which probably in many instances might have been avoided, still it must be borne in mind that in different epidemics, and even in isolated cases, the infective virus varies in its virulence, and the severity and fatality of cases depend largely upon this as well as upon the

lowered state of resistance in the individual affected.

The question of submitting to the required period of strict quarantine should be one of honor with parents, and the disinfection of the house thereafter should in no instance be entrusted to any one except those under the direction of the Board of Health. There is no family so poor, no locality so remote, that the State Boards of Health cannot reach. A letter or message sent to the capital of any state directed to the Board of Health will meet a cheerful response to aid any one who shows a willingness to cooperate with the state in its efforts to suppress and stamp out infections which yearly destroy so many lives. Remember that, without thorough disinfection, even members of the same family are not safe from a reinfection months later in such diseases as diphtheria, scarlet fever and smallpox.

It is well for parents to avoid taking infants to public places, or out in public conveyances. It is better to submit to much sacrifice than to run the risk of infecting an infant with contagious diseases or even epidemic colds.

A most excellent way of avoiding colds during the winter months in an infant old enough to creep, sit or walk, especially if the child's apart-

ments are on the ground floor, is to have as much space as can be spared for the child to play in, surrounded with a draped railing or fencing, the floor inside covered with a warmly lined, tightly stretched covering.

Kissing children is also a most indiscreet custom, fraught with the greatest danger of communicating disease, and, outside the immediate family, should not be tolerated. It is to be hoped that every twentieth century mother will make the custom obsolete by having sufficient courage to hang upon the walls of her home the notice, "*Don't kiss my baby.*"

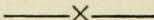


195. If an infant should be so unfortunate as to contract whooping cough, it must be remembered that, with this disease, "the younger the child the greater the danger," and consequently the greatest of precaution must be taken to avoid complications, of which bronchitis and pneumonia are the most dangerous.

Whooping cough comes on from seven to fourteen days after infection, and begins like a common, feverish cold, with a cough, which increases in intensity for two weeks, when the characteristic whoop makes its appearance. The disease lasts from six to twelve weeks, and is more serious and fatal in cold weather. It is

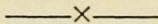
highly contagious, and the contagious element is thrown into the atmosphere by the breath; one cough into the face of another being sufficient to give the disease. The medicinal treatment must be left to the physician, and the child must be kept at home and indoors if the weather is cold or damp. Not only for its own sake must this be insisted upon, but as a protection to other children. If during convalescence it requires fresh air and sunshine, it must be taken out in the arms, perambulator or family carriage, where it will not come in contact with other children. Unless the attack occurs in warm weather it is always advisable to protect the chest with a thin, light, bronchitis jacket (191). The child should have three or four of these, so that changes may be made. They should be lightened in weight as they are discarded.

Warm camphorated oil should be applied to the chest morning and evening, and warm liquid vaseline or albolene dropped into the child's nose at the same time adds to its comfort. Saturating the air of the room at night with the fumes of Cresolene is a very excellent method of treatment, if the cough is severe.



196. Chicken pox is a very trifling ailment.

It comes on from thirteen to sixteen days after infection. The symptoms are those of a slight general illness, with mild fever, which is followed by an eruption of pimples *coming out first upon the back and then here and there upon the body.* Upon the top of the pimple there soon appears a white blister, which immediately dries down, *the entire process of eruption disappearing within eight or ten days.* It requires no treatment except a warm bath, avoidance of cold, and an application to the pimples of borated vaseline.



197. Smallpox is frequently observed among infants during epidemics of the disease. It shows itself twelve days after exposure, and is ushered in with shiverings, vomiting, or convulsions, followed by high fever. On the third day of the fever, red papules, feeling like shot under the fingers, *come out upon the forehead and face, extending to the hands, neck, wrists, and trunk, the lower extremities, palms, and soles being the last to be affected.* Some cases present not over six or eight papules, others hundreds and thousands. Like chicken pox, there is the white topped vesicle or blister, which appears as late as the eighth day in smallpox, while in chicken pox the entire eruption has

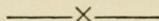
within that time come and gone. In smallpox this vesicle, which is white at first, turns yellow, remains for several days, ruptures and scabs; the entire eruptive and healing process requiring from eighteen days to four weeks. The complications of smallpox in infants may be laryngitis, pneumonia, or meningitis, any one of which would probably prove fatal. The unsightly sequel of pitting can generally be averted by care in allaying the itching and inflammation and allowing the scabs to fall naturally. One attack as a rule renders a patient immune. The contagion is transmitted by direct contact with a person suffering from it, by contact with articles used in the room and by the patient, and through the air from infected rooms and localities, even at a distance of several hundred feet. Smallpox is very fatal in infants, and in case of severe epidemics or even exposure to a sporadic case, young infants should be vaccinated. There should exist no doubts among parents regarding the advisability of vaccination at any age. It is not a fad, to be tossed about at the dictation of individuals whose opinions are based upon anything but scientific facts. Statistics throughout the world show that "*the mortality among the efficiently vaccinated is but 2 3-10 per cent, among the poorly vac-*

cinated 20 per cent, and among the unvaccinated 50 per cent." Parents no longer have reason to fear danger from blood poisoning or the transmission of disease from the procedure. Vaccination is to-day done as aseptically and cared for as carefully as is a surgical operation, and the vaccine used is pure and aseptic.

Vaccination should be repeated until it "takes," and in case of epidemics should be repeated again once in seven or eight years. Such are the efficient vaccinations which reduce the mortality and limit the invasion and spread of this much dreaded disease.

The internal treatment of smallpox is symptomatic, and must be given according to the discretion of the medical attendant. The child should be kept in a room well ventilated and darkened, with the temperature between 65° and 70° Fahr. The hair should be shaved close to the head, and the food easy of digestion and nutritious. A daily warm bath with an antiseptic soap should be given, and when the pustules ripen and burst, strict cleanliness, with an antiseptic solution such as boracic acid and water, or carbolic acid and water (one teaspoonful of the preferred antiseptic to one pint of water), together with an application to the individual pustules of borated or carbolated vase-

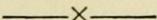
line several times daily, will greatly relieve the discomfort and hasten the healing process. The eyes, nose and throat must be kept clean and soothed with compresses and applications of a bland antiseptic lotion, which will be advised by the physician in attendance. Regarding isolation and special care in the home, see topics 194-201.



198. Diphtheria, except as diphtheritic croup (189), is not common in young infants; still, it is possible, and is occasionally observed. It is ushered in by fretfulness, fits of shiverings, slight fever, a general ill appearance, and at times apparent difficulty in swallowing. Examining the throat, there will be seen, not only a dark red appearance of the mucous membrane, but a thin white exudate upon the tonsils and soft palate, which rapidly grows thicker, assuming a gray color. The glands at the side of the neck are swollen, and in some cases the exudate appears at the same time, either in the nose or the windpipe, indicating serious complications. The condition of the throat, terrible as it may appear, does not always point to the virulence or quality of the poison contained within the system. Subtle and unseen, it swiftly and fatally poisons nerve centers, in the face of the

strongest constitution and the most skillful treatment. The treatment of diphtheria must be left entirely to the discretion of the medical attendant. To be successful, the treatment must be given early, hence the advisability of calling a physician upon the slightest evidence of sore throat in a child.

The onset of diphtheria should in every possible way be prevented. Not only strict isolation, disinfection, and quarantine from other cases, but the preventive measures of sanitary living. Do not allow defective drainage in or around the house. Do not occupy or build houses upon low ground, especially in the vicinity of marshes, lakes or rivers. Do not allow a day to pass that every room in the house is not thoroughly aired, not *once*, but several times. If you are living in the country, do not bank houses with stable dressing or keep decaying or old vegetables in cellars under the house, or allow houses to stand, or wells to be dug, in close proximity to barnyards. For special care of diphtheria in the home, see topics 194-201.



199. Measles are apt to be quite serious and frequently fatal in infants, on account of the bronchial complications. They commence from ten to twelve days after exposure, with all the

symptoms of a common, feverish cold, with especially marked red and running eyes. The eruption appears at the end of the fourth day, *first upon the forehead, face and neck. It has the well-known half-moon shaped blotches, and remains for four days, slowly fading away.* The disease, from the beginning of the symptoms of cold to the disappearance of the eruption, is generally eight days. The principal danger is from bronchitis or pneumonia, and, to avoid these complications, the child must be kept in bed; and in one room, absolutely away from draughts, the temperature of the room maintained at 68°-70° Fahr.

The treatment is symptomatic and should be given under a physician's advice. The child should partake of no cold water or cold food when the rash is coming out, or when it is out. If the rash is scanty, and the fever high, a mustard bath is most excellent to bring the rash out. A level tablespoon of mustard to a gallon of water is the right proportion. The temperature of the water must be at 100° Fahr., and the child must remain in it only three minutes, then quickly dried and wrapped in blankets. If necessary, it may be repeated once, waiting two or three hours. The room must be kept darkened with dark blue or green cambric, and the

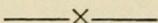
infant's eyes turned away from the windows. All vomited mucus and discharges from the eyes and nose must be carefully wiped away with soft cloths and immediately burned, as the virus is contained in these secretions and in the breath. The eyes must be bathed occasionally with warm water and a few drops of liquid vaseline dropped into the nostrils. If a child is constipated, an enema must be given instead of physic.

To allay the itching when the rash is out, warm, weak tar-water is one of the most agreeable of bathing lotions, and may be used freely and often. It is prepared by adding ten drops of liquid tar to one pint of soft water. After the rash has faded away, the infant's body must be thoroughly cleansed by several thorough baths in an antiseptic solution, of which, perhaps, the most agreeable is Listerine or boracic acid,—of either, two tablespoonfuls to the gallon.

Under no circumstances must an infant be allowed to leave the house for at least one month after the attack, and all remaining conditions, such as sore eyes and discharging ears, must receive early treatment. Measles, like other infections, vary in types of severity. Black measles is a type of malignancy seldom

seen. German measles is an imperfect type of eruption, probably somewhat related to both measles and scarlet fever, without the virulence of either. It requires but little treatment except warm bathing, warm food and drink, and rest in a warm, slightly darkened room, together with thorough antiseptic cleansing of the body after the rash fades, and while the roughened skin is falling.

Thorough scalding of all washable bedding and clothing, with fumigation and thorough cleaning of the room, is sufficient disinfection after measles. The quarantine is usually maintained for three weeks.



200. Scarlet fever is a highly contagious infection, coming on from three to six days after exposure. The disease is ushered in by vomiting, high fever, and occasionally convulsions. These symptoms are followed by swelling of the glands at the side of the neck, continued high fever, a "strawberry-like tongue," sore throat, and a bright-red rash, *beginning on the neck and spreading to the face, breast and extremities, being particularly bright at the bends of the joints.* This rash remains out for four or five days, during which time the fever remains persistently high. By the seventh day it has

faded away, and the skin becomes scurfy and falls off in scales, and even large pieces, especially from the palms and soles. *This dead skin is especially saturated with the scarlet fever virus, and it must be confined and destroyed in a thorough manner.*

The skin at the beginning of the scaling must be oiled and cleaned with an antiseptic oil procurable on a prescription from the medical attendant, and it must be used daily, together with a hot, soapy bath every second or third day until the peeling process is complete, and for two or three weeks thereafter a plain cocoanut oil bath is very soothing to the newly formed skin.

The dangerous complications in scarlet fever are diphtheria and inflammation of the kidneys. To prevent the latter, which is very fatal, the child must be kept warm and indoors until the peeling process is over, and the new skin formed and toughened. For several months after an attack of scarlet fever every precaution must be used against the infant taking cold, or even becoming chilled.

There is no mild scarlet fever known as scarlatina. Scarlatina is the Latin name; all cases are scarlet fever, and from the mildest case in one child there may be developed a fatal form

of the disease in another. The treatment must be under the care of a physician. A discharge from the ears is particularly serious after an attack of scarlet fever, and requires the most painstaking treatment. Regarding quarantine, disinfection, and special care in the home treatment of infectious diseases, see topics 194-201.

—X—

201. A contagious disease hospital furnishes the best facilities for the care of such diseases as smallpox, diphtheria and scarlet fever. It is, however, necessary for the majority of these infections to be treated in the home, where, if possible, the following rules should be observed:

The patient should be isolated with its mother, nurse, or other attendants, away from other members of the family.

The room should be remote, if possible, from other living rooms, and preferably at the top of the house.

Carpets, rugs, hangings, and everything which is not absolutely necessary to use should be removed.

The doors should have, outside their openings, a sheet kept constantly wet with a solution of Platt's chlorides.

Nursing bottles, dishes and spoons, used in feeding the child and in giving medicines, must

be cleaned and scalded in a strong solution of boracic acid and water (one tablespoonful to one quart), and washed separately from the table utensils used by the family.

Soiled bedding, towels and clothing must be immersed, for some time before washing, in a solution of sulphate of zinc four ounces, common salt two ounces, water one gallon.

Receiving diapers should be made of old pieces of cloth, or cotton batting covered with cloth, which can be worn inside the outer napkin, and when soiled immediately burned.

Clothing worn by the attendants should be of washable material and be subjected to the same immersion as is that worn by the patient, using, however, different utensils and separate solutions.

After recovery or death, in addition to the required fumigation, all exposed furniture, floors and walls should be thoroughly cleaned in a solution of bichloride of mercury and water, 1 to 2000, and during the illness the floors should be washed occasionally with the same solution.

Toys, pictures, books, etc., used by the little patient, during illness or convalescence, must be burned.

DIETARY FOR CHILDREN AND INVALIDS.

MODIFIED MILK FORMULAE.

Supplementing Book-topics 127 to 144 Inclusive.

BROTHS.

Take of either veal, mutton, squirrel, chicken, grouse or rabbit $\frac{1}{2}$ pound of meat, freed from fat. Cut into small pieces and add 1 quart of cold water, and 1 teaspoonful of rice or pearl barley. Cook $2\frac{1}{2}$ hours, reducing the liquid to a pint. Strain and serve with 1 or 2 teaspoonfuls of hot sweet cream to each half teacup of broth. Season last with a bit of salt. Do not rewarm broths but once.

BEEF TEA.

Remove all fat and skin tissue from 1 lb. of fresh gravy beef. Cut it up into fine pieces, add a bit of salt and 1 pint of cold water. Place in a glass fruit jar, or covered porcelain dish set in a saucepan of water and boil 5 hours. Strain and serve to patient with a bit of salt and the addi-

tion of a little hot water if preferred. Beef tea is more of a stimulant than a food. What is known as whole beef tea is made as above and after straining the pulp is pounded fine and added to the tea, after which it is diluted and seasoned as above.

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RAW MEAT JUICE.

To one-quarter pound best beefsteak finely minced add 8 teaspoonfuls of cold water. Stir together and soak for one-quarter hour, then squeeze through a muslin cloth. This must be served to the patient at once, as it spoils very quickly. It may be seasoned with a bit of salt and pepper. It is easily digested and very nutritious.

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OYSTER-BROTH.

One pint of oysters, 1 pint of milk, one-half cup of cold water, 1 tablespoonful of butter or cream, a bit of salt, pepper. Strain the liquid from the oysters, add the water and the seasoning, heat and then add the oysters. Cook 5 minutes, take from stove and add butter or cream. Boil the pint of milk and add to oysters when served. If the stomach is very weak omit the milk and in its place use hot water. The oysters

may also be strained out, or the hard part removed, serving only the soft parts.

—
CLAM BROTH.

Twenty-five clams, chopped fine, strain off liquor, and add thereto 1 cup of water, then add the chopped clams, and boil 1 hour. Strain out the fibers, season and add hot water to taste.

—
FISH.

Fresh fish is easy of digestion and is most excellent for well children, and invalids recovering from illness. It is preferably boiled or steamed until entirely cooked through and served with a bit of butter and salt. When fried fish is served to children or invalids the outer skin must be removed after it is cooked.

—
RAW MEAT.

Physicians frequently order raw meat for children. It is prepared as follows:

Scrape lean beefsteak into a pulp with a sharp knife. It may be seasoned slightly and served in the form of sandwiches made of stale bread and butter, or it may be mixed with water to the consistency of cream. A raw meat diet is advised

for children with diarrhoea and also for adults with weak digestion and diarrhoea.

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KETTLE ROAST GRAVY.

A piece of fresh boiling beef is cut into small pieces and cooked over a slow fire until it is tender, when it is allowed to brown in the bottom of the kettle. The meat is then removed, and a small quantity of browned flour is dredged in the remaining residue and boiling water added to make a nice gravy. This is a frequent article of food in physicians' families, and is served to children on bread crumbs and boiled rice instead of potato. Children under 3 years of age should not be allowed much potato. They digest it badly.

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GRUEL.

Take of either white flour, fine oatmeal, Vitos or cornmeal 1 tablespoonful. Mix with a little water and add to 1 quart of boiling water or equal parts of milk and water. Cook 20 minutes and serve with a little salt and a small amount of sweet boiled cream if desired. A gruel made of buttermilk in the same way is often of

value in the diarrhoeas and indigestion of children or adults.

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SOUP.

A fine soup stock for children and invalids is made as follows:

Take of either shin of beef, knuckles of veal, or the legs and wings of chicken 3 to 6 lbs. Break the bones into small pieces, and add from 2 to 4 quarts of cold water, according to amount of meat used. Cook rapidly for two hours, and simmer for 2 hours. Add a bit of salt while cooking and skim thoroughly. It may be placed in small jars and will keep several days. For children and invalids, soups known as puree and consomme are preferable. All fat must be removed from stock before making.

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PUREE.

This is a creamy strained soup and is made from meat stock to which is added well-cooked split peas, green peas, beans, rice, asparagus, spinach or potatoes.

It is always to be strained and should be of the consistency of thin cream. Serve with small squares of toasted stale bread. Puree of rice and peas are especially recommended for children.

It is well to remember that a child's stomach is small and that too large a quantity of soup at one meal is not permissible. It is unsafe to reheat soups. The rewarming process frequently develops dangerous poisons.

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CONSOMME.

One pint of strong stock, removing all fat from surface and clarify while heating by adding the well-whipped white of one-half an egg. When the scum rises skim and strain through a woolen cloth.

This is a very clear and appetizing soup. It is generally served with small squares of toasted bread, known as croutons.

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EGGS.

The best way to cook eggs for children and invalids is to drop them in hot water or to pour boiling water on the shell and let them stand for five or six minutes.

Raw eggs beaten thoroughly and added to milk slightly sweetened and flavored with nutmeg are always relished by little children. The white of an egg with a bit of salt and 12 tablespoonfuls of water well beaten is an excellent

mixture to take the place of infant food or to be added to other food in diarrhoeas.

— —
TOAST.

Toast is preferably made from stale white bread, and should be thoroughly and evenly browned. It may be served in the form of sticks, which are made by first cutting the bread into strips and afterward browning them in the oven. These may be dipped into hot water or milk as they are eaten. Stale bread grated and browned also makes a very appetizing dish when served with milk. The drink known as crust coffee or toast water, which is so often relished by children and invalids, is made by thoroughly toasting 3 or 4 slices of bread, and pouring over it a pint of boiling water. It must stand 2 hours and be strained before serving. It may be served hot with cream or iced as recommended in the vomiting of pregnancy.

— —
BREAD PUDDING.

Over one teacup of stale bread crumbs pour 1½ pints of hot milk. Add 1 tablespoon of butter and two (2) well-beaten eggs. Sweeten and flavor to taste with nutmeg or cinnamon. Serve with sweet cream or butter.

RICE PUDDING.

One cup of cooked rice, 1 quart of new milk, 2 eggs, cinnamon and sugar to taste. Bake until custard sets. Rice is the most easily digested of all the cereals. Plain boiled and salted rice is excellent for children and may be served with butter or in place of potato with meat gravies.

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RICE CREAM.

One quart of new milk, 3 tablespoonfuls of uncooked rice, 2 tablespoonfuls of sugar, one-quarter teaspoonful of cinnamon. Set in oven and cook slowly for 3 hours, stirring occasionally to make a cream.

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BLANC MANGE.

Blanc Mange may be made with either cornstarch or arrowroot. Cornstarch is preferable to arrowroot for young children. It is made as follows:

One and one-half level tablespoonfuls of cornstarch or arrowroot, 1 pint of milk, 2 tablespoonfuls of white sugar and a pinch of salt. Dissolve the cornstarch or arrowroot in a little water and add to the boiling milk. Cook five minutes, turn into a wet mold and when cold serve with cream

and powdered sugar. Cornstarch Blanc Mange is always improved by adding, after it is taken from the stove, one or two well-beaten eggs before molding.

—
GELATINE.

Gelatine preparations are occasionally relished by children and invalids. Pure gelatine must always be used, and a well-beaten gelatine with the white of egg is most digestible. The following is a very delicious preparation:

Soak $\frac{1}{2}$ box of Knox's gelatine in $\frac{3}{4}$ pint of cold water for 1 hour. When dissolved add the juice and grated rind of 2 lemons and 12 tablespoonfuls of sugar. Boil together for 3 minutes, strain and when nearly cold add the well-beaten whites of two eggs, after which beat the eggs and gelatine into a white spongy mass. When cold serve with a thin custard flavored with vanilla.

—
COOKIES AND CAKES.

Cookies and Cake are, when given discreetly, good for children.

Cookies are preferably made with sour cream and soda instead of using butter. Fresh butter is good for children, cooked butter rather dele-

terious. Cake should be limited to such varieties as sponge cake, angel cake, or plain sour cream cake, recipes of which are well known. For filling or to serve with cake when given to children fruit jellies are not only appetizing but healthful.

FRUIT.

Fresh fruit juices such as that of the apple, orange, lemon or pineapple are essential to a child's health. Pulp from a baked apple or stewed apple is most excellent. These should be served without cream.

Milk should not be given at meals when fruit juices or fruit is served.

Children are very fond of bananas, but there is no doubt that they are responsible for much indigestion in children who eat them.

MILK.

Milk should be a child's chief article of diet for several years. When they tire of it as a drink it must be introduced in foods of all kinds as much as possible. Prepared in the form of junket, blanc mange, custard puddings, and served with cereals, breads, etc., its value cannot

be overestimated. A quart in some form should be given daily to growing children.

— —
CEREALS.

All children love oatmeal the best of the cereals, but its prolonged use is most harmful. Cereals should be varied when given to children and both cream and sugar should not be served with them. A choice of either one or the other should only be allowed.

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BEVERAGES.

Water in abundance. Crust coffee with cream. Grain coffee with cream. Horlick's Malted Milk. Phillips' Digestible Cocoa (made very weak).

— —
ICES.

Ice cream, if its purity be guaranteed, is not objectionable to give children occasionally. It should be served in small amounts and eaten slowly in a partially melted state.

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SWEETS.

Almost the only permissible sweets aside from sugar are pure chocolate creams (one or two a

week), maple sugar, maple syrup, cane syrup and honey.

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NUTS.

Nuts, when given to children, should be divested of the skins and pounded fine. They should not be given to infants.

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ALCOHOLIC STIMULANTS.

These should not be given to sick children or invalids except upon advice of the family physician. Their only possible indications are in depressed strength and vitality and in the slow convalescence from acute diseases.

EMERGENCY TREATMENT.

SWALLOWING FOREIGN BODIES.

If a child swallows a pin, a penny or other similar articles, do not give physic. Keep on the same diet as before, with the exception of thickening the milk with gruels, or, if the child be old enough to take bread, give plenty of bread in addition to the other food. Empty the lower bowel daily with an oil enema, carefully watching the stools for the article swallowed. One of the most dangerous things a child can swallow is an unhooked safety pin. Keep such articles out of the reach of children.

BITES AND STINGS FROM INSECTS.

To allay the irritation and destroy the poison from the bite or sting of insects, there is nothing better than common baking soda slightly moistened and applied for several hours, changing frequently.

POISON FROM IVY, SUMACH, OAK.

Thoroughly wash the parts with warm water and apply cloths wrung out of a solution of Gouillard's extract and water (1 teaspoonful to the pint). Take fresh cloth for such application.

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BURNS AND SCALDS.

Must be treated as in topic 180. It is always best to call a physician if they are at all severe to prevent the disfiguring scars and contraction of tissue.

— —
FOREIGN BODIES IN NOSE AND EAR.

These must be managed as in topic 181.

— —
CUTS.

If a child receives a cut, stanch the flow of blood with compresses of very warm water. Cleanse the wound of all dirt and other foreign substance, after which apply cloths wet in equal parts of Listerine and boiled water. If the cut surfaces are deep and the edges gap either stitch them together or call a surgeon. Do not use plasters. Blood poison may result therefrom.

Dress as above after stitching together until healing takes place, then remove the stitches. Wash daily. Apply a little vaseline or dust with

borated talcum powder. The secret of healing well is to keep the air out and to keep the wound clean.

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BRUISES.

Children frequently get bruises more or less severe. It often happens that a window sash will fall upon fingers or that something will crush the toes. In such accidents the parts injured should be carefully washed and enveloped in lint or cotton saturated with equal parts of witch hazel and water, and laid in a small support or splint. Bandage lightly and keep the injured member on a level with the body. Slight bruises are benefited with the same application. Children suffer from shock in all such severe accidents and they must be kept quiet and well nourished until they recover.

— —
POISONS.

Children occasionally, through accident, swallow poisons such as aconite, carbolic acid, etc.

— —
ACONITE.

An emetic must be given at once preferably sulphate of zinc (6 grains) mixed with honey or

syrup, and as soon as the stomach is emptied give one-half cup of strong black tea, slightly sweetened. The child must be kept lying on its back until all danger is over. If very weak, 5 to 10 drops of whiskey or brandy every one-half or one hour until better.

—
OPIUM.

Children take this in the form of morphine pills, paregoric or laudanum.

There is no antidote. An emetic is the first thing to give. Sulphate of zinc 6 grains, or syrup of ipecac 1 teaspoonful. After vomiting takes place, *give an extra large dose of castor oil* (double the usual quantity). Give strong black coffee slightly sweetened in tablespoon doses every hour until recovery takes place. Do not allow sleep to come on.

—
PHOSPHORUS.

Children may take this by eating the ends of matches. An emetic at once and in phosphorus poisoning use only sulphate of copper as the emetic. It is both emetic and antidote. Six grains is the amount given, either well diluted with water or in syrup. After vomiting give milk of magnesia in teaspoonful doses until free

purging occurs. Feed with milk, broth and gruel until convalescent.

— —
ARSENIC.

Give syrup of ipecac as in croup, 1 teaspoonful, repeating once if necessary even if the patient has previously vomited. After its action give equal parts of sweet oil and milk of magnesia in teaspoonful doses, at half hour intervals.

— —
AMMONIA.

Ammonia is an agent causing, if swallowed, local burning of the mouth, throat and stomach. Give at once diluted vinegar in teaspoonful doses and wash the mouth with same solution. Follow this with sweet oil, flax seed tea or even melted lard if nothing else is at hand.

— —
CARBOLIC ACID.

Probably no poison is so frequently taken or given to children through mistake as is Carbolic Acid. It causes local burning of the tissues and is immediately absorbed into the system, producing rapidly fatal results. The antidote is a strong solution of Glauber's Salts thoroughly

applied over the parts and given internally. Epsom Salts are also antidotal, but not so good as Glauber's. Sweet oil and milk may be administered later for its soothing effect.

All cases of poisoning should be seen by a physician and every family should have each and every remedy at hand to be used in such emergencies.

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